

**BEFORE THE ILLINOIS POLLUTION CONTROL BOARD**

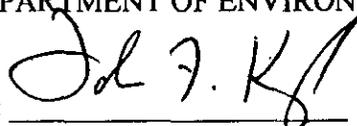
CITY OF CHICAGO DEPARTMENT	)	
OF ENVIRONMENT,	)	
	)	
Complainant,	)	
	)	Site Code: 0316005603
v.	)	AC 2006-046
	)	(CDOE No. 06-04AC)
MR. BULT'S INC.	)	
	)	
	)	
Respondent.	)	

**NOTICE OF FILING**

To: Mr. Bult's Inc.

PLEASE TAKE NOTICE that on JUNE 5, 2006, we caused the attached Proof of Service to be filed with the Clerk of the Illinois Pollution Control Board.

CITY OF CHICAGO  
DEPARTMENT OF ENVIRONMENT

By:   
John F. Kryl, CHMM  
Director of Investigations  
CDOE Permitting and Enforcement Division



City of Chicago  
Richard M. Daley, Mayor

Department of Environment

Sadhu A. Johnston  
Commissioner

Twenty-fifth Floor  
30 North LaSalle Street  
Chicago, Illinois 60602-2575  
(312) 744-7606 (Voice)  
(312) 744-6451 (FAX)  
(312) 744-3586 (TTY)  
<http://www.cityofchicago.org>

June 5, 2006

The Honorable Dorothy Gunn, Clerk  
Illinois Pollution Control Board  
James R. Thompson Center  
100 West Randolph Street  
Suite 11-500  
Chicago, IL 60601

Re: City of Chicago Department of Environment v.  
Mr. Bult's Inc.  
AC: 2006-046  
CDOE No. 06-04AC  
Site Code: 0316005603

Dear Clerk Gunn:

Please be advised that on May 26, 2006, the City of Chicago Department of Environment ("CDOE") served the Respondent Mr. Bult's Inc.

In order to avoid default, a Petition for review must be filed with the Illinois Pollution Control Board on or before June 30, 2006, 35 days from the date of service.

A copy of the Proof of Service is attached hereto. If you have any questions, please contact me at (312) 744-5272.

Sincerely,

A handwritten signature in black ink, appearing to read "John F. Kryl".

John F. Kryl, CHMM  
Director of Investigations  
CDOE Permitting and Enforcement Division

Attachment



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Joe Bult</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Address</p>	
<p>1. Article Addressed to:</p> <p><b>Mr. James Bult                  President                  Mr. Bult's Inc.                  4117 Offber Road                  Monee, IL 60449</b></p>	<p>B. Received by (Printed Name)  <i>Joe Bult</i></p>	<p>C. Date of Delivery  <i>5/26/06</i></p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) <b>7005 1160 0002 2065 3446</b></p>		
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-1</p>		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Joe Bult</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Address</p>	
<p>1. Article Addressed to:</p> <p><b>PEARL BULT                  REGISTER AGENT                  BULT'S INC                  4117 OFFNER ROAD                  MONEE, IL 60449-0000</b></p>	<p>B. Received by (Printed Name)  <i>Joe Bult</i></p>	<p>C. Date of Delivery  <i>5/26/06</i></p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) <b>7001 0320 0004 5518 7591</b></p>		