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JUN 23 2006

JOHN B. ROE
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STATE OF ILLINOIS
Pollution Control Board

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26 June 2006

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

Ac 06-58

Re: ADMINISTRATIVE CITATION
AC #: 06-
Site Code No: 1418205009-Ogle
Inspection Date: May 1, 2006

Ms. Gunn:

In a letter dated June 22, 2006, I promised to inform you of when our Office received a return of the green receipt card from the Respondent in regard to this matter (and the certified mailing of the materials pertinent to this Administrative Citation). Our office has received the receipt and, consequently, I am enclosing with this letter a copy of each side of the card.

Proof of Service of the Administrative Citation on the Respondent was included with the original packet sent out on June 22, 2006. These materials were signed for and received by the Respondent on June 23, 2006, within the sixty days following the May 1, 2006 inspection of the relevant location.

Again, thank you very much for your assistance and attention to this matter. If there are any further documents or materials which you need from us, please let me know.

Sincerely,

Michael Myzia
Assistant State's Attorney

Enclosure

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 1. Complete this section and B. Also complete section C if delivery is desired. 2. Put your return address on the reverse so that we can return the card to you. 3. Attach this card to the back of the mailpiece or on the front if space permits. 	<p><i>Handwritten:</i> [Signature]</p> <p>2. Restricted Mail Permitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Is delivery address other than that on the label? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>Handwritten:</i> 0011</p>
<p>1. Article Addressed to:</p> <p>Francis Case 317 E. Oakwood Dr. Byron, IL 61010</p> <p><i>Handwritten:</i> Admin. Cit.</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>5. 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"/> G.D.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7003 3110 0001 9352 1583</p>

