

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

PEOPLE OF THE STATE OF ILLINOIS,)
LISA MADIGAN, Attorney General of the)
State)
of Illinois,)

Complainant,)

PCB 07-07

v.)

(Enforcement - Water)

CITY OF BELVIDERE, an Illinois municipal)
corporation, and CES, Inc., an Illinois)
corporation,)

Respondents.

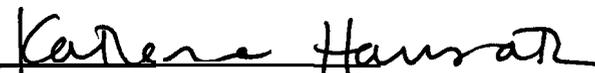
NOTICE OF FILING

TO: See attached service list (VIA ELECTRONIC FILING)

PLEASE TAKE NOTICE that today I have electronically filed with the Office of the Clerk of the Pollution Control Board, Proof of Service of Plaintiffs Complaint, Stipulation and Proposal for Settlement, Motion for Relief from Hearing Requirement, and Certificate of Service, copies of which are attached and herewith served on you.

Respectfully submitted,

PEOPLE OF THE STATE OF ILLINOIS,
LISA MADIGAN,
Attorney General of the State of Illinois

By: 

KATHERINE M. HAUSRATH
Assistant Attorney General
Environmental Bureau
188 W. Randolph St., 20th Floor
Chicago, Illinois 60601
(312) 814-0660

SERVICE LIST

Mr. Michael S. Drella
City Attorney, City of Belvidere
401 Whitney
Belvidere, Illinois 61008

Mr. Kevin Bunge, P.E.
CES, Inc.
700 West Locust Street
Belvidere, Illinois 61008

Mr. Curtis R. Tobin, II
Tobin & Ramon
530 S. State Street, Suite 200
Belvidere, IL 61008

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PEOPLE OF THE STATE OF ILLINOIS,
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PROOF OF SERVICE

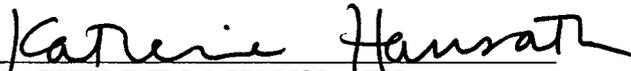
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Connie Shiroda</i></p> <p>B. Received by (Printed Name) <i>Connie Shiroda</i></p> <p>C. Date of Delivery <i>8/3/06</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>1. Article Addressed to: Mr. Michael S. Drella. City Attorney. City of Belvidere 401 Whitney Belvidere. IL 61008</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" 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) 7004 1160 0005 7670 2639</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>J. Hess</i></p> <p>B. Received by (Printed Name) <i>J. Hess</i></p> <p>C. Date of Delivery <i>8/3/06</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to: Mr. Curtis R. Tobin, II Tobin & Ramon 530 South State street. Rm. 200 Belvidere, IL 61008</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" 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) 7004 1160 0005 7670 2646</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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<p>1. Article Addressed to: Mr. Kevin Bunge, P.E. CES, Inc. 700 West Locust Street Belvidere, IL61008</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" 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) 7004 1160 0005 7670 2622</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

CERTIFICATE OF SERVICE

I, KATHERINE M. HAUSRATH, an Assistant Attorney General, do certify that I caused to be mailed this 8 day of August, 2006, by U.S. First Class Mail, the foregoing Notice of Filing and Proof of Service to the parties named on the attached Service List, by depositing same in postage prepaid envelopes with the United States Postal Service located at 100 West Randolph Street, Chicago, Illinois 60601 .


KATHERINE M. HAUSRATH
Assistant Attorney General
Environmental Bureau
188 West Randolph, 20th Floor
Chicago, IL 60601
312-814-0660