



JOHN SCHMIDT
SANGAMON COUNTY
STATE'S ATTORNEY

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CLERK'S OFFICE

NOV 02 2006

STATE OF ILLINOIS
Pollution Control Board

Room 402 County Complex
200 South Ninth Street
Springfield, IL 62701

Telephone: 217/753-6690

Facsimile: 217/535-3179

October 31, 2006

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

AC07-22

In re: Administrative Citation
Jack Caldwell
SCDPH Case No. 06-AC-1
IEPA Site Code #1671305009
Inspection Date: September 20, 2006

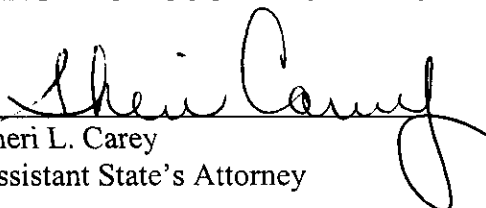
Dear Ms. Gunn:

Please be advised that service was had on the above-named Respondent on October 26, 2006. In order to avoid default, a Petition to Review must be filed with the Board by November 30, 2006. A copy of the green receipt card is attached hereto.

Thank you for attention to this matter. If you should need anything further, please do not hesitate to contact me.

Yours truly,

JOHN SCHMIDT
SANGAMON COUNTY STATE'S ATTORNEY


Sheri L. Carey
Assistant State's Attorney

SENDER: COMPLETE THIS SECTION

- 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. **1016SC**

1. Article Addressed to:

**Mr. Jack Caldwell
301 E. Harpole
Williamsville, IL 62693**

2. Article Number
(Transfer from service label)**7004 2510 0001 9044 4135**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jack Caldwell* Agent Addressee

B. Received by (Printed Name)

Jack Caldwell

C. Date of Delivery

*10-26-06*D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No*501 Oak St*

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes