



ORIGINAL
MACON COUNTY
SOLID WASTE MANAGEMENT
DEPARTMENT

141 S. Main St., Suite 212, Decatur, IL 62523 • phone 217/425-4505 • fax 217/424-1459

December 6, 2006

Illinois Pollution Control Board
ATTN: Dorothy Gunn, Clerk
100 West Randolph Street
James R. Thompson Center, Suite 11-500
Chicago, Illinois 60601-3218

RECEIVED
CLERK'S OFFICE
DEC 12 2006
STATE OF ILLINOIS
Pollution Control Board

Re: County of Macon

MCSWMD File No. 2006-004-AC, 1150155537 – Macon County -AC 07-20
MCSWMD File No. 2006-005-AC, 1158165007 – Macon County AC 07-21

Dear Clerk Gunn:

As requested on December 5, 2006 during a conversation with Sherri Ludlam, of the Macon County Solid Waste Management Department, please find copies of Certified Mail Return Receipts for the above-referenced respondents.

If you have any questions or concerns, please do not hesitate to contact me at 217-421-0291.

Sincerely,

Darlene K. Powell

Darlene K. Powell
Inspector

Enclosures

Cc: Rich Gerard, Champaign Regional Office
Ellen Robinson
FOS File

RECEIVED
CLERK'S OFFICE

DEC 12 2006

STATE OF ILLINOIS
Pollution Control Board

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.		A. Received by (Please Print Clearly) B. Date of Delivery	
1. Article Addressed to:		C. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Phillip Pugsley 530 N. Hillcrest Blvd Decatur, IL 62522-1214		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No OCT 17 2006 <i>MCSWMD DXP</i>	
2. Article Number (Copy from service label)		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.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7005 1820 0006 9701 6145	

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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.		A. Received by (Please Print Clearly) B. Date of Delivery	
1. Article Addressed to:		C. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Tim Walker 3710 Christmas Tree Road Decatur, IL 62521-8648		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No OCT 19 2006 <i>MCSWMD DXP</i>	
2. Article Number (Copy from		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.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7005 1820 0006 9701 6114	

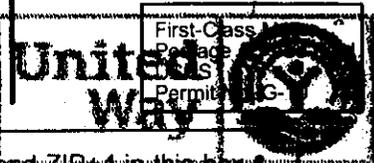
PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

UNITED STATES POSTAL SERVICE
SPRINGFIELD IL 627

16 OCT 2006 PM 11



• Sender: Please print your name, address, and ZIP+4 in this box •

Macon Co Solid Waste Mgmt
Attn: Darlene K. Powell
141 South Main, Room 212
Decatur, Illinois 62523-1293

Pugsley

236 0001 

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Macon Co Solid Waste Mgmt
Attn: Darlene K. Powell
141 South Main, Room 212
Decatur, Illinois 62523-1293

Walker