



JOHN B. ROE  
STATE'S ATTORNEY OF OGLE COUNTY  
106 S. 5th St. Suite 110  
OREGON, ILLINOIS 61061

ORIGINAL

**RECEIVED**  
CLERK'S OFFICE  
MAR 23 2007  
STATE OF ILLINOIS  
Pollution Control Board

Email: [oglesa@oglecounty.org](mailto:oglesa@oglecounty.org)  
[www.oglecounty.org](http://www.oglecounty.org)

Telephone: (815) 732-1170  
Fax: (815) 732-6607

March 19, 2007

Clerk of the Illinois Pollution Control Board  
Attn: John Therriault, Assistant Clerk of the Board  
100 West Randolph, Suite 11-500  
Chicago, Illinois 60601

Re: Administrative Citation  
AC#: 2007-47  
Facility: Rochelle Municipal #2 Landfill  
IEPA-LPC Site #: 1418030020  
Inspection Date: January 13, 2007

Dear Mr. Therriault:

Enclosed please find copies of the certified mail receipts sent to the Respondents in the above-entitled cause. Rochelle Waste Disposal was served on March 10, 2007, and the City of Rochelle was served on March 12, 2007. The originals of the receipts may be produced upon request.

Please call if there are any questions.

Sincerely,

A handwritten signature in cursive script that reads "Emily S. Seifert".

Emily S. Seifert  
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.

1. Article Addressed to:

Rochelle Waste Disposal, L.L.C.  
Mr. Clyde Gelderloos  
1161 Hwy. 251 South  
Rochelle, IL 61068

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*C. Gelderloos*

Agent

Addressee

B. Received by (Printed Name)

*C. Gelderloos*

C. Date of Delivery

*3-12*

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below  No

*BOX 268*

*ROCHELLE, IL 61068*

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7006 2760 0004 0996 9856

**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.

1. Article Addressed to:

City of Rochelle  
Attn: Mr. Ken Alberts  
420 N. 6<sup>TH</sup> ST.  
P.O. Box 601  
Rochelle, IL 61068

2. Article  
(Trans

PS Form

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Wayne Pelletier*  Agent  
 Addressee

B. Received by (Printed Name)

*Wayne Pelletier*

C. Date of Delivery

*3-12*

D. Is delivery address different from Item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

2505-02-M-1540