



MACON COUNTY SOLID WASTE MANAGEMENT DEPARTMENT

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

August 16, 2007

ORIGINAL

RECEIVED
CLERK'S OFFICE

AUG 20 2007

STATE OF ILLINOIS
Pollution Control Board

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

Re: County of Macon
MCSWMD File No. 2007-002-AC, 1158125008 – Macon County
Oakley/Topps-Jones

AC 08-5

Dear Clerk Gunn:

Please find enclosed 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

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:

Annette Topps
 1235 East Hickory Street
 Decatur, Illinois 62526

2. Article Number (Copy from service label)

7007 0220 0001 1331 2599

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

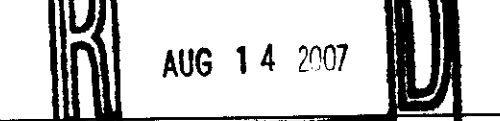
A. Received by (Please Print Clearly) B. Date of Delivery

W. A. Jones 8/14/07

C. Signature Agent Addressee

X *W. A. Jones*

D. Is following address different from item label? Yes No



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

4. Restricted Delivery? (Extra Fee) Yes

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:

Richard Jones
 1320 East Wood Street
 Decatur, Illinois 62521

2. Article Number (Copy from service label)

7007 0220 0001 1331 2605

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

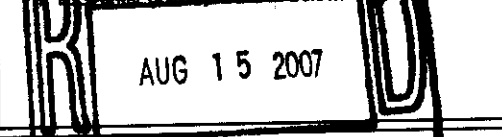
A. Received by (Please Print Clearly) B. Date of Delivery

Jill Jones 8-14-07

C. Signature Agent Addressee

X *Jill Jones*

D. Is following address different from item label? Yes No



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

4. Restricted Delivery? (Extra Fee) Yes