

ILLINOIS ENVIRONMENT
PROTECTION AGENCY

Complainant,

v.

DONALD SAPP,

Respondent,

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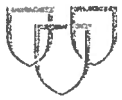
AC 09-39
(IEPA No. 18-09-AC)
(Administrative Citation)

ADMINISTRATIVE HEARING
AUGUST 11, 2009
10:30 am

HEARING DOCUMENTS

Attached are physical documents that I, Donald Sapp, would respectively ask to be entered in the record for the August 11, 2009 telephone Administrative Hearing. I would further request that these materials be made a part of my IEPA No. 18-09-AC file.

Please initiate the Hearing conference call at 217-285-1987 (land line) rather than 217-437-5861 (cell). My cell phone does not always have the best reception so the land line would be best.



MAYO CLINIC

Monthly Statement of Account

Page 2

Statement Date: 12/27/2007

| Patient Name | | | | |
|---------------------------------|---------------------|--------------------------------|----------------------------|--|
| Mayo Clinic Number/Visit Number | | | | |
| Dates of Service | | | | |
| Place of Service | | | | |
| Transaction Detail/Description | Account Activity | Insurance Claims Pending | Personal Responsibility | |
| SAPP, DONALD RAY | | | | |
| 5-308-286 Visit 7115 | | | | |
| 04/25/2007 - 04/30/2007 | | | | |
| Mayo Clinic Rochester | | | | |
| Previous Balance | \$ 2,625.45 | | | |
| Visit Balance | \$ 2,625.45 | | | |
| Insurance Pending | | \$ 0.00 | | |
| Amount Due | | | \$ 2,625.45 | |
| SAPP, DONALD RAY | | | | |
| 5-308-286 Visit 7121 | | | | |
| 05/01/2007 - 05/01/2007 | | | | |
| Mayo Clinic Rochester | | | | |
| Previous Balance | \$ 26.81 | | | |
| Visit Balance | \$ 26.81 | | | |
| Insurance Pending | | \$ 0.00 | | |
| Amount Due | | | \$ 26.81 | |
| SAPP, DONALD RAY | | | | |
| 5-308-286 Visit 7129 | | | | |
| 05/10/2007 - 05/10/2007 | | | | |
| Rochester Methodist Hospital | | | | |
| Previous Balance | \$ 23.90 | | | |
| Visit Balance | \$ 23.90 | | | |
| Insurance Pending | | \$ 0.00 | | |
| Amount Due | | | \$ 23.90 | |
| SAPP, DONALD RAY | | | | |
| 5-308-286 Visit 7130 | | | | |
| 05/10/2007 - 05/10/2007 | | | | |
| Rochester Methodist Hospital | | | | |
| Previous Balance | \$ 421.66 | | | |
| Visit Balance | \$ 421.66 | | | |
| Insurance Pending | | \$ 0.00 | | |
| Amount Due | | | \$ 421.66 | |



MAYO CLINIC

*Monthly Statement
of Account*

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Patient Name
Mayo Clinic Number/Visit Number
Dates of Service
Place of Service
Transaction Detail/Description

**Account
Activity**

**Insurance
Claims
Pending**

**Personal
Responsibility**

SAPP, DONALD RAY
5-308-286 Visit 7131
05/10/2007 - 05/10/2007
Mayo Clinic Rochester

| | | | | |
|-------------------|----|--------|----|--------|
| Previous Balance | \$ | 184.91 | | |
| Visit Balance | \$ | 184.91 | | |
| Insurance Pending | | | \$ | 0.00 |
| Amount Due | | | \$ | 184.91 |

SAPP, DONALD RAY
5-308-286 Visit 7140
05/10/2007 - 05/11/2007
Mayo Clinic Rochester

| | | | | |
|--------------------------|----|----------|----|----------|
| Previous Balance | \$ | 89.05 | | |
| Visit Balance | \$ | 89.05 | | |
| Insurance Pending | | | \$ | 0.00 |
| Amount Due | | | \$ | 89.05 |
| Current Account Balance | \$ | 3,371.78 | | |
| Insurance Claims Pending | | | \$ | 0.00 |
| Current Amount Due | | | \$ | 3,371.78 |

200 First Street SW
Rochester, Minnesota 55905
507-284-2511

June 15, 2007

Fernando A. Rivera, M.D.
Division of General Internal Medicine
Department of Internal Medicine

Mr. Donald R. Sapp
29321 Dutch Creek Road
R.R. 1, Box 64
Rockport, IL 62370-3046

RE: Mr. Donald R. Sapp
MC#: 5-308-286
DOB: 1957-8-26

Dear Mr. Sapp:

I appreciate the recent opportunity to see you in General Internal Medicine. I am writing to provide a summary of the medical findings at Mayo Clinic.

Our final diagnoses were:

- Obstructive sleep apnea
- Degenerative arthritis left hip
- Degenerative arthritis facet joint, low back pain
- Bilateral high tone sensorineural hearing loss
- Gout
- Medically complicated obesity, status post Roux-en-Y gastric bypass
- Vitamin D deficiency
- Iron deficiency
- Vitamin B12 treatment
- Intertrigo
- Health maintenance/preventive medicine

Attached is the clinical documentation which summarizes our impressions and recommendations (Rivera, Fernando Alonso: Jun-2-2007, Apr-25-2007; Poirier, Maria Kopp: May-11-2007; Auger, R Robert: May-11-2007; Eggert, Cari Anne: May-1-2007; Hillman, Alicia Allison: Apr-30-2007; Oxentenko, Shawn Cordell: Apr-30-2007; Poppen, Carroll F: Apr-30-2007; Altchuler, Steven I: Apr-26-2007). I have also included the most recent laboratory results report.

GREAT LAKES DREDGE & DOCK COMPANY

Employee Injury or Illness Questionnaire

1. Name: Donald R SAPP 2. Occupation: OPERATING ENG LOCAL 965 *Dredge Eng*
3. SS #: 359-56-2822 4. Date of Birth: 8-26-57
5. Home Address: 29321 DUTCH CREEK ROAD
ROCKPORT ILL 62370
6. Mailing Address: _____
(if different from home address)
7. Home Phone #: 217-437-5861
8. Cellular Phone #: 217-242-7772 9. Pager #: _____
10. Date and time of Injury or Illness: 10-8-07 1:30 - 2:00 PM
11. Where were you at time of injury or illness? RED'S LAUNDROME
ILLINOIS SIDE
12. Body Part(s) injured: LEFT KNEE

13. What were you doing when you were injured? Provide a detailed description of how you were injured: WE HAD JUST FUELED DREDGE AND DIPPED FUEL BARGE SECURED LINES + VALVES ON BARGE THE BOAT WAS GETTING READY TO TAKE FUEL BARGE I WAS WALKING OFF BARGE TO DREDGE AND GOT MY FOOT TANGLED IN FUEL HOSE AND FELL ON LEFT KNEE HARD. THE FUEL HOSE WAS IN A ~~ANGLE~~ NEAT AND PROPER ORDER THAT CAUGHT MY FOOT + FELL

14. Did you seek Medical Attention: Yes No

15. Did anyone witness your accident? If yes, write witness names below:
BOB ARMSTRONG
TOM TAYLOR

Your Signature: Donald R Sapp

Today's date: 10-11-07

081170 00033055
 ORTHOPAEDIC CENTER OF ILLINOIS
 PO BOX 2951
 SPRINGFIELD IL 62708

STATEMENT

Check us out online at
 www.orthocenter.net
 You may also email us with your
 billing and account concerns at
 billing@orthocenter.net

6231
 B5372M
 FR18
 BNS 006
 1098 R

| | |
|--|-------------------------------|
| Please Include Security Code From Back Of Card | |
| CHECK CARD USING FOR PAYMENT | |
| <input type="checkbox"/> MASTERCARD | <input type="checkbox"/> VISA |
| CARD NUMBER | EXP. DATE |
| CARDHOLDER NAME | SECURITY CODE |
| SIGNATURE | AMOUNT |



0061170 0001/0002 00000 01172006

DONALD SAPP
 29321 DUTCH CR RD
 ROCKPORT, IL 62370

REMIT TO:

ORTHOPAEDIC CENTER OF ILLINOIS
 P.O. BOX 2951
 SPRINGFIELD, IL 62708-2951



PLEASE RETURN THIS PORTION WITH PAYMENT

| | | | | | |
|---------------------------------------|----------------------------|---------------------------------|----------------|------------------------------|--------------------------|
| Office Phone Number (217) 862-0624 | Statement Date 01/17/08 | Your Account Number 00033055 | Page No. 01 | Patient Balance CONTINUED | SHOW AMOUNT PAID HERE \$ |
|---------------------------------------|----------------------------|---------------------------------|----------------|------------------------------|--------------------------|

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

| DATE | PROVIDER/REFERRING PROVIDER EXPLANATION OF ACTIVITY | PATIENT NAME | CHARGES AND DEBITS | INSURANCE PENDING | PAYMENTS AND CREDITS | PATIENT BALANCE |
|----------------------------------|--|--------------|--------------------|-------------------|----------------------|-----------------|
| ROMANELLI MD/MELESKI DC | | | | | | |
| 01007 | CPT: 99244 POS: 11 OFFICE CONSULT-COM D SAPP | | 294.00 | | | |
| 01307 | WORKERS COMP # 720903 Filed | | | 0.00 | | |
| 11708 | OVER 60 DAYS CALL EMPLOYER c# 7209031 | | | | 0.00 | |
| ***** | Visit Totals: | | 294.00 | 0.00 | 0.00 | 294.00 |
| ROMANELLI MD/ROMANELLI MD | | | | | | |
| 01907 | CPT: 99213 POS: 11 EST PATIENT-EXPAND D SAPP | | 90.00 | | | |
| 02207 | WORKERS COMP # 721039 Filed | | | 0.00 | | |
| 11708 | OVER 60 DAYS CALL EMPLOYER c# 7210391 | | | | 0.00 | |
| ***** | Visit Totals: | | 90.00 | 0.00 | 0.00 | 90.00 |
| ROMANELLI MD/ROMANELLI MD | | | | | | |
| 10207 | CPT: 99213 POS: 11 EST PATIENT-EXPAND D SAPP | | 90.00 | | | |
| 10507 | WORKERS COMP # 723271 Filed | | | 0.00 | | |
| 11708 | OVER 60 DAYS CALL EMPLOYER c# 7232711 | | | | 0.00 | |
| ***** | Visit Totals: | | 90.00 | 0.00 | 0.00 | 90.00 |
| ROMANELLI MD/ROMANELLI MD | | | | | | |
| 12107 | CPT: 99213 POS: 11 EST PATIENT-EXPAND D SAPP | | 90.00 | | | |
| 12607 | WORKERS COMP # 726501 Filed | | | 90.00 | | |
| ***** | Visit Totals: | | 90.00 | 90.00 | 0.00 | |
| ROMANELLI MD/ROMANELLI MD | | | | | | |
| 11608 | CPT: 99213 POS: 11 EST PATIENT-EXPAND D SAPP | | 95.00 | | | |
| 11708 | WORKERS COMP # 731303 Filed | | | 95.00 | | |

Billing inquiries call (217) 862-0674
 To schedule an appointment (217) 862-0624

Statement Date: 01/17/08 PLEASE INDICATE YOUR ACCOUNT NUMBER WHEN CALLING OUR OFFICE: 00033055

PATIENT BALANCE
 PAY THIS AMOUNT

CONTINUED

END INQUIRIES / PAYMENTS TO:
 ORTHOPAEDIC CENTER OF ILLINOIS
 PO BOX 2951
 SPRINGFIELD IL 62708
 IRS #: 364156469

(217) 862-0624
 THIS IS NOT A BILL. IF THE
 BALANCE DUE IS OVER 60 DAYS
 OLD, PLEASE CONTACT YOUR
 EMPLOYER ABOUT PAYMENT.

00033055
 ORTHOPAEDIC CENTER OF ILLINOIS
 PO BOX 2951
 SPRINGFIELD IL 62708

STATEMENT

Check us out online at
 www.orthocenter.net
 You may also email us with your
 billing and account concerns at
 billing@orthocenter.net

6231
 B5372M
 FR18
 BNS 006
 1098 L

Please Include Security Code From Back Of Card
 CHECK CARD USING FOR PAYMENT

MASTERCARD VISA

| | |
|-----------------|---------------|
| CARD NUMBER | EXP. DATE |
| CARDHOLDER NAME | SECURITY CODE |
| SIGNATURE | AMOUNT |



0081170 0002/0002 00000 01172008
 DONALD SAPP

REMIT TO:

ORTHOPAEDIC CENTER OF ILLINOIS
 P.O. BOX 2951
 SPRINGFIELD, IL 62708-2951



PLEASE RETURN THIS PORTION WITH PAYM

| | | | | | |
|---------------------------------------|----------------------------|---------------------------------|----------------|---------------------------|--------------------------|
| Office Phone Number (217) 862-0624 | Statement Date 01/17/08 | Your Account Number 00033055 | Page No. 02 | Patient Balance 474.00 | SHOW AMOUNT PAID HERE \$ |
|---------------------------------------|----------------------------|---------------------------------|----------------|---------------------------|--------------------------|

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

| DATE | PROVIDER / REFERRING PROVIDER EXPLANATION OF ACTIVITY | PATIENT NAME | CHARGES AND DEBITS | INSURANCE PENDING | PAYMENTS AND CREDITS | PATIE BALAN |
|------|--|--------------|-----------------------|----------------------|-------------------------|----------------|
|------|--|--------------|-----------------------|----------------------|-------------------------|----------------|

***** Visit Totals: 95.00 95.00 0.00

Billing inquiries call (217) 862-0674
 To schedule an appointment (217) 862-0624

Statement Date: 01/17/08 PLEASE INDICATE YOUR ACCOUNT NUMBER WHEN CALLING OUR OFFICE: 00033055

| CURRENT | 30-60 DAYS | 60-90 DAYS | > 90 DAYS | TOTAL | INS PENDING | PATIENT BAL PAY THIS AM |
|---------|------------|------------|-----------|--------|-------------|----------------------------|
| 95.00 | 90.00 | 180.00 | 294.00 | 659.00 | 185.00 | 47 |

SEND INQUIRIES / PAYMENTS TO:
 ORTHOPAEDIC CENTER OF ILLINOIS
 PO BOX 2951
 SPRINGFIELD IL 62708
 IRS #: 364156469

(217) 862-0624
 THIS IS NOT A BILL. IF THE
 BALANCE DUE IS OVER 60 DAYS
 OLD, PLEASE CONTACT YOUR
 EMPLOYER ABOUT PAYMENT.

ORTHOPAEDIC CENTER OF ILLINOIS, LTD.
RONALD R. ROMANELLI, M.D.
3136 OLD JACKSONVILLE ROAD
SPRINGFIELD, IL 62704

(217) 862-0624

NAME Donald Sapp AGE _____
ADDRESS _____ DATE 1/16/08

Rx

*May return to work on 1/17/08
with no restrictions*

MAY SUBSTITUTE
 DISPENSE AS WRITTEN Refill _____ times

D. Romanelli / R. Romanelli



**ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
MEMORANDUM**

DATE: February 9, 2005
TO: DLPC / Division File
FROM: Paul Eisenbrandt, DLPC/FOS Springfield Region
SUBJECT: LPC #1498005003 – Pike County
Rockport/Sapp
C-05-060-C
FOS File

INSPECTION DATE: January 27, 2005

The purpose of this memorandum is to serve as the Narrative Inspection Report Document of a January 27, 2005 complaint investigation of the above referenced site. The January 18, 2005 anonymous complaint alleged the owner had unlicensed vehicles without titles, oil and diesel spills, empty oil jugs, batteries, and used tires littering the property. The owner was also allegedly burning household garbage and pushing the waste into a tributary of the Big Dutch Creek. The inspection took place from about 9:58 am to 11:35 am, and twenty digital photographs were taken. The weather was overcast with light snow flurries and approximately 20°F.

Trooper Thomas Mavity (217-285-2034) and Trooper Rich Avoletta (217-285-2034), Illinois State Police, District 20; Chief Deputy Steve Lehr (217-285-5011), Pike County Sheriff's Department; and Jane Johnson (217-285-4407), Pike County Health Department, accompanied this author on the site inspection. Donald Sapp (owner) and Cheryl Stewart (Mr. Sapp's sister) were interviewed at the site at the time of the inspection.

This approximate 5-acre site is located at 29321 Dutch Creek Road in Rockport, Illinois (see attached aerial photographs). The entrance to the driveway is on the south side of the road and just west of the Dutch Creek Bridge. The warranty deed lists the owner as Donald Sapp. Donald Sapp (217-437-5861, 217-242-7772) lives on the property. The warranty deed for this property is attached to this report.

Photograph 1 shows a burn pile with charred remains of aluminum cans, tin cans, glass bottles, plastic soda bottles, Styrofoam cups, and fast food wrappers as well as other household waste. There were partially burnt blue jeans, magazines, dimensional lumber, an exterior wood door, the board and strings of a piano, and a kitchen sink. The red and white 55-gallon drum seen in the photograph was full of new oil. Brick and miscellaneous wastes littered the area around the burn pile. Mr. Sapp stated he did not know that burning waste was unlawful. The Illinois EPA inspector explained that burning domicile waste (paper, cardboard, etc.) in containers was permitted and that a pamphlet on burn-barrels would be sent to him. He was instructed not to burn plastic, food wrappers, processed wood, etc.



1



2

3



4



5



6



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