



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 NORTH GRAND AVENUE EAST, P.O. BOX 19276, SPRINGFIELD, ILLINOIS 62794-9276 • (217) 782-2829

BRUCE RAUNER, GOVERNOR

LISA BONNETT, DIRECTOR

(217) 782-9817
TDD: (217) 782-9143

RECEIVED
CLERK'S OFFICE

DEC 30 2015

STATE OF ILLINOIS
Pollution Control Board

December 23, 2015

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

AC 16-1

ORIGINAL

Re: Illinois Environmental Protection Agency v James Reichert Limited Family Partnership
IEPA File No. 344-15-AC; 1990555290

Dear Mr. Therriault:

Please be advised that service was had on Respondents, James Reichert Limited Family Partnership, on December 18, 2015. In order to avoid default, a Petition for Review must be filed with the Illinois Pollution Control Board on or before January 22, 2016.

A copy of the returned Certified Mail Receipt is attached hereto.

Sincerely,

Michelle M. Ryan
Michelle M. Ryan
Assistant Counsel

Enclosures

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

ADMINISTRATIVE CITATION

RECEIVED
CLERK'S OFFICE

DEC 30 2015

STATE OF ILLINOIS
Pollution Control Board

ILLINOIS ENVIRONMENTAL)
PROTECTION AGENCY,)
))
Complainant,)
))
v.)
))
JAMES REICHERT LIMITED FAMILY)
PARTNERSHIP,)
))
Respondents.)

AC 16-7
(IEPA No. 344-15-AC)

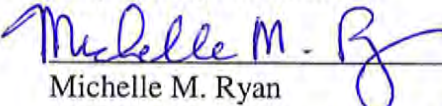
NOTICE OF FILING

To: James R. Reichert and Linda K. Reichert
1301 Enterprise Way, Suite 43
Marion, IL 62959

Maribeth Whitsell, Registered Agent
1301 Enterprise Way, Suite 43
PO 1
Marion, IL 62959-0000

PLEASE TAKE NOTICE that on this date I mailed for filing with the Clerk of the Pollution Control Board of the State of Illinois the following instrument(s) entitled CERTIFIED MAIL RECEIPT.

Respectfully submitted,



Michelle M. Ryan
Assistant Counsel
by JLR

Illinois Environmental Protection Agency
1021 North Grand Avenue East
P.O. Box 19276
Springfield, Illinois 62794-9276
(217) 782-5544

Dated: December 23, 2015

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. Signature <input checked="" type="checkbox"/> <i>Teresa Smith</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>James Reicherts Link Resident</i> <i>1301 Enterprise Way</i> <i>Suite 43</i> <i>Marion, IL 62959</i>	B. Received by (Printed Name) _____ Date of Delivery _____ <i>Teresa Smith</i>
2. Article Number (Transfer from service)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, February 2004	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
7012 0470 0001 3000 6674	
Domestic Return Receipt 102595-02-M-1540	

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. Signature <input checked="" type="checkbox"/> <i>Teresa Smith</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>Maribeth Whitsell, Reg. Agent</i> <i>1301 Enterprise Way</i> <i>Suite 43, PO 1</i> <i>Marion, IL 62959</i>	B. Received by (Printed Name) _____ C. Date of Delivery _____ <i>Teresa Smith</i>
2. Article Number (Transfer from service)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, February 2004	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
7012 0470 0001 3000 6667	
Domestic Return Receipt 102595-02-M-1540	

PROOF OF SERVICE

I hereby certify that I did on the 23rd day of December 2015, send by U.S. Mail, with postage thereon fully prepaid, by depositing in a United States Post Office Box a true and correct copy of the following instrument(s) entitled CERTIFIED MAIL RECEIPT

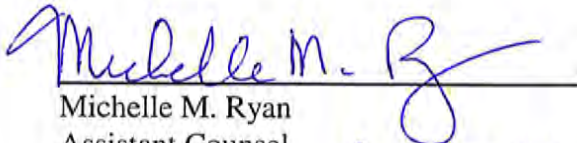
To: James R. Reichert and Linda K. Reichert
1301 Enterprise Way, Suite 43
Marion, IL 62959

Maribeth Whitsell, Registered Agent
1301 Enterprise Way, Suite 43
Marion, IL 62959

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DEC 30 2015
STATE OF ILLINOIS
Pollution Control Board

and the original and nine (9) true and correct copies of the same foregoing instruments on the same date by send by U.S. Mail, postage thereon fully prepaid

To: John Therriault, Clerk
Pollution Control Board
James R. Thompson Center
100 West Randolph Street, Suite 11-500
Chicago, Illinois 60601


Michelle M. Ryan
Assistant Counsel
by JER

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