



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

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 16-8
 ORIGINAL

RECEIVED
CLERK'S OFFICE

DEC 29 2015

STATE OF ILLINOIS
Pollution Control Board

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CLERK'S OFFICE

DEC 29 2015

STATE OF ILLINOIS
Pollution Control Board

Re: Illinois Environmental Protection Agency v Greg Lingle d/b/a GTS, Inc., Teresa Baker
IEPA File No. 34 5-15-AC; 0878555010

Dear Mr. Therriault:

Please be advised that service was had on Respondents, Greg Lingle d/b/a GTS, Inc. and Teresa Baker, on December 16, 2015. In order to avoid default, a Petition for Review must be filed with the Illinois Pollution Control Board on or before January 20, 2016.

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

Michelle M. Ryan
Assistant Counsel

Enclosures

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

ADMINISTRATIVE CITATION

ILLINOIS ENVIRONMENTAL
PROTECTION AGENCY,)
)
)
Complainant,)
)
)
v.)
)
GREG LINGLE D/B/A GTS INC., and)
TEREASA BAKER,)
)
Respondents.)

AC 16-8
(IEPA No. 345-15-AC)

RECEIVED
CLERK'S OFFICE
DEC 29 2015

STATE OF ILLINOIS
Pollution Control Board

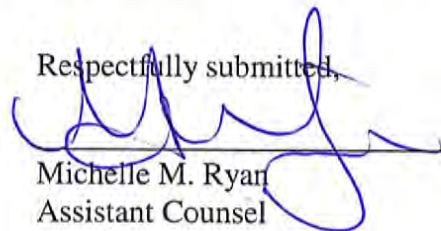
NOTICE OF FILING

To: Greg Lingle & Tereasa Baker
2070 S. Lick Creek Road
Buncombe, IL 62912

Greg Lingle d/b/a GTS, Inc.
140 Wolf Creek Road
Goreville, IL 62959

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

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"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: Greg Lingle & GTS, Inc. 140 Wolf Creek Rd. Goreville, IL 62959	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7012 0470 0001 3000 6704	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	
PS Form 3811, February 2004 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 type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: Greg Lingle & Teresa Lingle 3070 S. Lick Creek Rd. Buncombe, IL 62912	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7012 0470 0001 3000 6711	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	
PS Form 3811, February 2004 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: Greg Lingle & Tereasa Baker
2070 S. Lick Creek Road
Buncombe, IL 62912

Greg Lingle d/b/a GTS, Inc.
140 Wolf Creek Road
Goreville, IL 62959

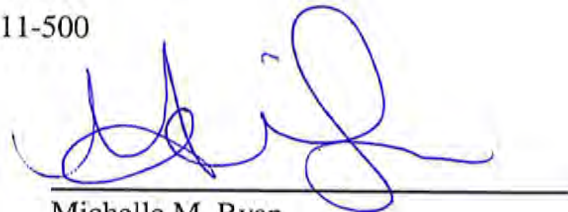
RECEIVED
CLERK'S OFFICE

DEC 29 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

Illinois Environmental Protection Agency
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