

County Courthouse
110 S. 4th Street - PO Box 395
Oregon, Illinois 61061-0395



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ORIGINAL

DEBORAH E. ELLIS
OGLE COUNTY STATE'S ATTORNEY

RECEIVED
CLERK'S OFFICE

MAY 23 2003

STATE OF ILLINOIS
Pollution Control Board

May 19, 2003

Ms. Dorothy M. Gunn, Clerk
Illinois Pollution Control Board
James R. Thompson Center
100 West Randolph, Suite 11-500
Chicago, IL 60601

Re: IEPA#
Rochelle Waste Disp
Gelderloos & Salitros

RE: ADMINISTRATIVE CITATION

IEPA Case No:

Site Code No: 1418030020 - Ogle Co.

Inspection Date: March 20, 2003

Dear Ms. Gunn:

In regard to the above referenced case, please find enclosed:

- 1) originals of affidavits of service of Administrative Citation on the Respondents
- 2) copies of certified mail receipts showing service of Administrative Citation on the Respondents

Please advise if anything further is needed.

A handwritten signature in cursive script that reads "Deborah E. Ellis".

Deborah E. Ellis
State's Attorney

Enclosures
DE/ks

AC 03-30

0-0-5

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:

Clyde Gelderloos
P.O. Box 268
Rochelle, IL 61068

7001 1940 0004 2464 9667

700

PS Form

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Clyde Gelderloos ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

C Gelderloos *MAY 16*

D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

595-02-M-154

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:

Mr. Joseph H. Salitros
City Manager
P.O. Box 601
Rochelle, IL 61068

7001 1940 0004 2464 9582

2. Article
(Transit)

PS Form

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Wayne Peltzer ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

Wayne Peltzer *MAY 16*

D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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