

ADMINISTRATIVE CITATION

NOV 09 2004

COUNTY OF SANGAMON, )  
 )  
 Complainant, )  
 )  
 v. )  
 )  
 Leland Cole, )  
 )  
 Respondent. )

STATE OF ILLINOIS  
Pollution Control Board

AC 05-36  
 ADMINISTRATIVE CITATION  
 SCDPH 04-AC-3

JURISDICTION

This Administrative Citation is issued pursuant to the authority vested in the Illinois Environmental Protection Agency by Section 31.1 of the Illinois Environmental Protection Act ("Act"), 415 ILCS 5/31.1, (2000) and delegated to the County of Sangamon pursuant to Section 4(r) of the Act, 415 ILCS 5/4(r) (2000).

FACTS

1. That on September 19, 2004 the Sherman Fire Department responded to a report of a trash fire on property located on Reinder . The property parcel number is 06-27.0-430-004
2. That Leland Cole ("Respondent") is the owner of real property commonly know as 6208 Reinder, Springfield, Sangamon County, Illinois.
3. That the property the burning refuse was burned on is a alleyway adjacent to the Respondent's property.
4. That when C.R. Coon, Sherman Fire Chief, inquired of the neighbors if they knew who started the fire, the Respondent admitted that he did start the fire and that it contained a small amount of carpet.

3. That on October 13, 2004, the Sherman Fire Department submitted a report of the illegal dumping and illegal fire to the Sangamon County Department of Public Health.

4. That said property is an open dump operating without an Illinois Environmental Protection Agency ("IEPA") Operating Permit and is designated with IEPA Land Pollution Control #1678105006.

5. That on October 13, 2004, Allen Alexander and Laura Conant of the Sangamon County Department of Public Health ("SCDPH") inspected the above-described property based on a complaint

#### VIOLATIONS

Based upon direct observations made by Allen Alexander and Laura Conant during the course of their October 13, 2004 inspection of the burn pile on the property with parcel number 06-27.0-430-004, and the report filed by the Sherman Fire Department, it has determined that Respondent has violated the Act as follows:

1. That Respondent caused or allowed the open dumping of waste in a manner resulting in litter, a violation of Section 21(p)(1) of the Act, 415 ILCS 5/21(p)(1) (2002); and

2. That Respondent caused or allowed the open dumping of waste in a manner resulting in open burning, a violation of Section 21(p)(3) of the Act, 415 ILCS 5/21(p)(3) (2002).

THIS FILING IS SUBMITTED ON RECYCLED PAPER

CIVIL PENALTY

Pursuant to Section 42(b)(4-5) of the Act, 415 ILCS 5/42(b)(4-5) (2002), Respondent is subject to a civil penalty of One Thousand Five Hundred Dollars (\$1,500.00) for each of the violations identified above, for a total of Three Thousand Dollars (\$3,000.00). If Respondent elects not to petition the Illinois Pollution Control Board, the statutory civil penalty specified above shall be due and payable no later than December 10, 2004, unless otherwise provided by order of the Illinois Pollution Control Board.

If Respondent elects to contest this Administrative Citation by petitioning the Illinois Pollution Control Board in accordance with Section 31.1 of the Act, 415 ILCS 5/31.1 (2002), and if the Illinois Pollution Control Board issues a finding of violation as alleged herein, after an adjudicatory hearing, Respondent shall be assessed the associated hearing costs incurred by the County of Sangamon and the Illinois Pollution Control Board. Those hearing costs shall be assessed in addition to the One Thousand Five Hundred Dollar (\$1,500.00) statutory civil penalty for each violation.

Pursuant to Section 31.1(d)(1) of the Act, 415 ILCS 5/31.1(d)(1) (2002), if Respondent fails to petition or elects not to petition the Illinois Pollution Control Board for review of this Administrative Citation within thirty-five (35) days of the date of service, the Illinois Pollution Control Board shall adopt a final order, which shall include this Administrative Citation and findings of violation as alleged herein, and shall impose the statutory civil penalty specified above.

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When payment is made, Respondent's check shall be made payable to the Sangamon County Department of Public Health and mailed to the attention of James D. Stone, Director of the Sangamon County Department of Public Health, 2501 North Dirksen Parkway, Springfield, Illinois 62702. Along with payment, Respondent shall complete and return the enclosed Remittance Form to ensure proper documentation of payment.

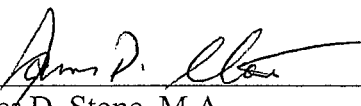
If any civil penalty and/or hearing costs are not paid within the time prescribed by order of the Illinois Pollution Control Board, interest on said penalty and/or hearing costs shall be assessed against Respondent from the date payment is due up to and including the date that payment is received. The State's Attorney of Sangamon County may be requested to initiate proceedings against Respondent in Circuit Court to collect said penalty and/or hearing costs, plus any interest accrued. In addition to the previously assessed civil penalty and/or hearing costs and/or interest, the State's Attorney of Sangamon County will seek to recover his costs of litigation.

PROCEDURE FOR CONTESTING THIS ADMINISTRATIVE CITATION

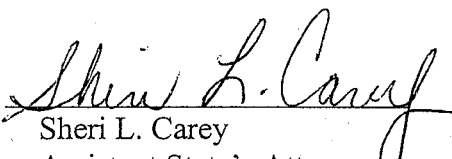
Respondent has the right to contest this Administrative Citation pursuant to and in accordance with Section 31.1 of the Act, 415 ILCS 5/31.1 (2002). If Respondent elects to contest this Administrative Citation, then Respondent shall file a Petition for Review with the Clerk of the Illinois Pollution Control Board, 100 West Randolph Street, Suite 11-500, Chicago, Illinois 60601. A copy of said Petition for Review shall be filed with the Sangamon County State's Attorney, Attention: Sheri L. Carey, 2501 North Dirksen Parkway, Springfield, Illinois 62702. Section 31.1 of the Act, 415 ILCS 5/31.1 (2002), provides that any Petition for

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Review shall be filed within thirty-five (35) days of the date of service of this Administrative Citation or the Illinois Pollution Control Board shall enter a default judgment against Respondent.

  
\_\_\_\_\_  
James D. Stone, M.A.  
Director  
Sangamon County Department of Public Health

Date: 11/4/04

BY:   
\_\_\_\_\_  
Sheri L. Carey  
Assistant State's Attorney

Prepared by: Sheri L. Carey  
Assistant State's Attorney  
Sangamon County  
2501 North Dirksen Parkway  
(217) 535-3100

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REMITTANCE FORM

COUNTY OF SANGAMON,	)	
	)	
Complainant,	)	
	)	AC
v.	)	ADMINISTRATIVE CITATION
	)	SCDPH 04-AC-3
Leland Cole,	)	
	)	
Respondent.	)	

FACILITY: Cole

LPC SITE CODE: 1678105006

COUNTY: Sangamon

DATE OF INSPECTION: October 13, 2004

CIVIL PENALTY: \$3,000.00

DATE REMITTED: \_\_\_\_\_

SSN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Please enter the date of your remittance, your Social Security Number, and sign this Remittance Form. Be sure your check is enclosed and mail, along with Remittance Form, to Sangamon County Department of Public Health, James D. Stone, Director, 2501 North Dirksen Parkway, Springfield, Illinois 62702.

**ILLINOIS ENVIRONMENTAL PROTECTION AGENCY**  
**Open Dump Inspection Checklist**

**RECEIVED**  
 CLERK'S OFFICE

NOV 09 2004

County: Sangamon

LPC#: 1678105006

Region: STATE OF ILLINOIS  
 Pollution Control Board

Location/Site Name: Leland Cole

Date: 10132004 Time: From 0920 To 0925 Previous Inspection Date: \_\_\_\_\_

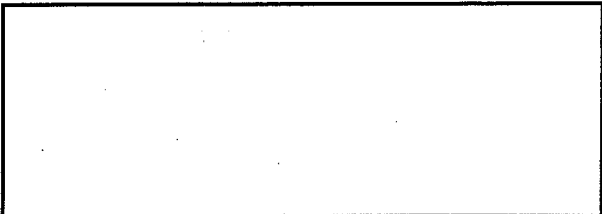
Inspector(s): L. Conant/A. Alexander Weather: Cloudy 60°

No. of Photos Taken: # 6 Est. Amt. of Waste: 6 yds<sup>3</sup> Samples Taken: Yes # \_\_\_\_\_ No

Interviewed: \_\_\_\_\_ Complaint #: \_\_\_\_\_

Responsible Party  
 Mailing Address(es)  
 and Phone  
 Number(s):

Leland Cole  
 6408 Reinder  
 Springfield, IL 62707

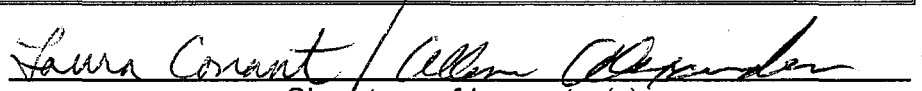


	SECTION	DESCRIPTION	VIOL
<b>ILLINOIS ENVIRONMENTAL PROTECTION ACT REQUIREMENTS</b>			
1.	9(a)	CAUSE, THREATEN OR ALLOW AIR POLLUTION IN ILLINOIS	<input checked="" type="checkbox"/>
2.	9(c)	CAUSE OR ALLOW OPEN BURNING	<input checked="" type="checkbox"/>
3.	12(a)	CAUSE, THREATEN OR ALLOW WATER POLLUTION IN ILLINOIS	<input type="checkbox"/>
4.	12(d)	CREATE A WATER POLLUTION HAZARD	<input type="checkbox"/>
5.	21(a)	CAUSE OR ALLOW OPEN DUMPING	<input checked="" type="checkbox"/>
6.	21(d)	CONDUCT ANY WASTE-STORAGE, WASTE-TREATMENT, OR WASTE- DISPOSAL OPERATION:	
	(1)	Without a Permit	<input checked="" type="checkbox"/>
	(2)	In Violation of Any Regulations or Standards Adopted by the Board	<input checked="" type="checkbox"/>
7.	21(e)	DISPOSE, TREAT, STORE, OR ABANDON ANY WASTE, OR TRANSPORT ANY WASTE INTO THE STATE AT/TO SITES NOT MEETING REQUIREMENTS OF ACT AND REGULATIONS	<input type="checkbox"/>
8.	21(p)	CAUSE OR ALLOW THE OPEN DUMPING OF ANY WASTE IN A MANNER WHICH RESULTS IN ANY OF THE FOLLOWING OCCURRENCES AT THE DUMP SITE:	
	(1)	Litter	<input checked="" type="checkbox"/>
	(2)	Scavenging	<input type="checkbox"/>
	(3)	Open Burning	<input checked="" type="checkbox"/>
	(4)	Deposition of Waste in Standing or Flowing Waters	<input type="checkbox"/>
	(5)	Proliferation of Disease Vectors	<input type="checkbox"/>
	(6)	Standing or Flowing Liquid Discharge from the Dump Site	<input type="checkbox"/>

LPC #

Inspection Date:

	(7)	Deposition of General Construction or Demolition Debris; or Clean Construction or Demolition Debris	<input type="checkbox"/>
9.	55(a)	<b>NO PERSON SHALL:</b>	
	(1)	Cause or Allow Open Dumping of Any Used or Waste Tire	<input checked="" type="checkbox"/>
	(2)	Cause or Allow Open Burning of Any Used or Waste Tire	<input checked="" type="checkbox"/>
<b>35 ILLINOIS ADMINISTRATIVE CODE REQUIREMENTS SUBTITLE G</b>			
10.	812.101(a)	FAILURE TO SUBMIT AN APPLICATION FOR A PERMIT TO DEVELOP AND OPERATE A LANDFILL	<input type="checkbox"/>
11.	722.111	HAZARDOUS WASTE DETERMINATION	<input type="checkbox"/>
12.	808.121	SPECIAL WASTE DETERMINATION	<input type="checkbox"/>
13.	809.302(a)	ACCEPTANCE OF SPECIAL WASTE FROM A WASTE TRANSPORTER WITHOUT A WASTE HAULING PERMIT, UNIFORM WASTE PROGRAM REGISTRATION AND PERMIT AND/OR MANIFEST	<input type="checkbox"/>
<b>OTHER REQUIREMENTS</b>			
14.		APPARENT VIOLATION OF: ( <input type="checkbox"/> ) PCB; ( <input type="checkbox"/> ) CIRCUIT COURT CASE NUMBER: ORDER ENTERED ON:	<input type="checkbox"/>
15.	OTHER:		<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

  
Signature of Inspector(s)

Informational Notes

1. [Illinois] Environmental Protection Act: 415 ILCS 5/4.
2. Illinois Pollution Control Board: 35 Ill. Adm. Code, Subtitle G.
3. Statutory and regulatory references herein are provided for convenience only and should not be construed as legal conclusions of the Agency or as limiting the Agency's statutory or regulatory powers. Requirements of some statutes and regulations cited are in summary format. Full text of requirements can be found in references listed in 1. and 2. above.
4. The provisions of subsection (p) of Section 21 of the [Illinois] Environmental Protection Act shall be enforceable either by administrative citation under Section 31.1 of the Act or by complaint under Section 31 of the Act.
5. This inspection was conducted in accordance with Sections 4(c) and 4(d) of the [Illinois] Environmental Protection Act: 415 ILCS 5/4(c) and (d).
6. Items marked with an "NE" were not evaluated at the time of this inspection.





**MEMORANDUM**

**TO:** SCDPH Environmental File

**FROM:** Laura Conant  
Associate Sanitarian  
Sangamon County Department of Public Health  
Environmental Health Division

**DATE:** October 28, 2004

**RE:** LPC# 1678105006 - Fancy Creek Twp./Cole, Leland  
Sangamon County

On **October 13, 2004** an inspection of the above referenced property was conducted by Laura Conant and Allen Alexander of this Department. Photos 001 thru 006 illustrate the site as it appeared on this date.

The following apparent violations were observed. The following items correspond to the numbers on the attached open dump checklist:

1. 9(a) – Cause, threaten or allow air pollution in Illinois – A pile of refuse had been burned. Photos labeled 101304-lc-6408 Reinder-Cole—001 through 006 show the remnants of carpet, sheet metal, a tire, household garbage and other waste that had been open burned.
2. 9(c) – Cause or allow open burning – See item 1 above.
5. 21(a) Open Dumping – A pile of refuse had been burned. Photos labeled 101304-lc-6408 Reinder-Cole—001 through 006 show the remnants of carpet, sheet metal, a tire and other refuse.
6. 21(d)(1) & (2) - Operate a solid waste management facility without a permit and in violation of the regulations - No permit has been granted to operate a solid waste site at this location.

**MAIN OFFICE**  
2501 North Dirksen Parkway  
Springfield, Illinois 62702

**CHATHAM ROAD OFFICE**  
3130 Chatham Road, Suite B  
Springfield, Illinois 62704

**ANIMAL CONTROL CENTER**  
2100 Shale Road  
Springfield, Illinois 62703

- **Administrative Office:**  
Phone: (217) 535-3100 Fax: (217) 535-3104
- **Environmental Health:**  
Phone: (217) 535-3101 Fax: (217) 535-3104
- **Clinic/Personal Health Services:**  
Phone: (217) 535-3102 Fax: (217) 535-4155

- **Child & Family Connections - Early Intervention**  
Phone: (217) 793-3990 Fax: (217) 793-3991  
Toll-free: 1-888-217-3505
- **Healthy Families Illinois**  
Phone: (217) 793-3990 Fax: (217) 793-3991

Phone: (217) 535-3065  
Fax: (217) 535-3067

Page 2

8. 21(p)(1) - Litter - See item 5 above.

8. 21(p)(3) - Open Burning - See item 2 above.

9. 55(a)(1) - Cause or Allow Open Dumping of Any Used or Waste Tire-See item 1.

9. 55(a)(2) - Cause or Allow Open Burning of Any Used or Waste Tire-See item 1.

#### **Additional Comments**

1. The Sherman Fire Department submitted a report to SCDPH on October 12, 2004. The report named Leland Cole of 6408 Reinder, Springfield, IL 62707 as the person who admittedly dumped and burned the aforementioned refuse. (See attached report.)
2. The refuse was burned on an adjacent property along the alleyway. According to the Fancy Creek road commissioner, this is not a designated road, and it has no common easement.
3. The property on which the refuse was burned is Parcel # 06-27.0-430-004. According to the county property tax record, the owner of this parcel is Lela Brown. (See attached record.)

cc: DLPC Division File  
DLPC/FOS Region 5

SANGAMON COUNTY  
DEPARTMENT OF PUBLIC HEALTH  
2501 North Dirksen Parkway  
Springfield, Illinois 62702  
(217) 535-3101

# DIGITAL INSPECTION PHOTOS

DATE: 101304

SITE #: Sangamon County

TIME: 0920-0925

SITE NAME: 6408 Reinder/Leland Cole/Fancy Creek Twp.

PHOTO BY: LC

DIRECTION:

PHOTO FILE NAME

101304-lc-6408 Reinder-  
Cole-001



PHOTO BY: LC

DIRECTION:

PHOTO FILE NAME

101304-lc-6408 Reinder-  
Cole-002



SANGAMON COUNTY  
DEPARTMENT OF PUBLIC HEALTH  
2501 North Dirksen Parkway  
Springfield, Illinois 62702  
(217) 535-3101

# DIGITAL INSPECTION PHOTOS

DATE: 101304	SITE #: Sangamon County
TIME: 0920-0925	SITE NAME: 6408 Reinder/Leland Cole/Fancy Creek Twp.

PHOTO BY: LC
DIRECTION:
PHOTO FILE NAME
101304-lc-6408 Reinder- Cole-003

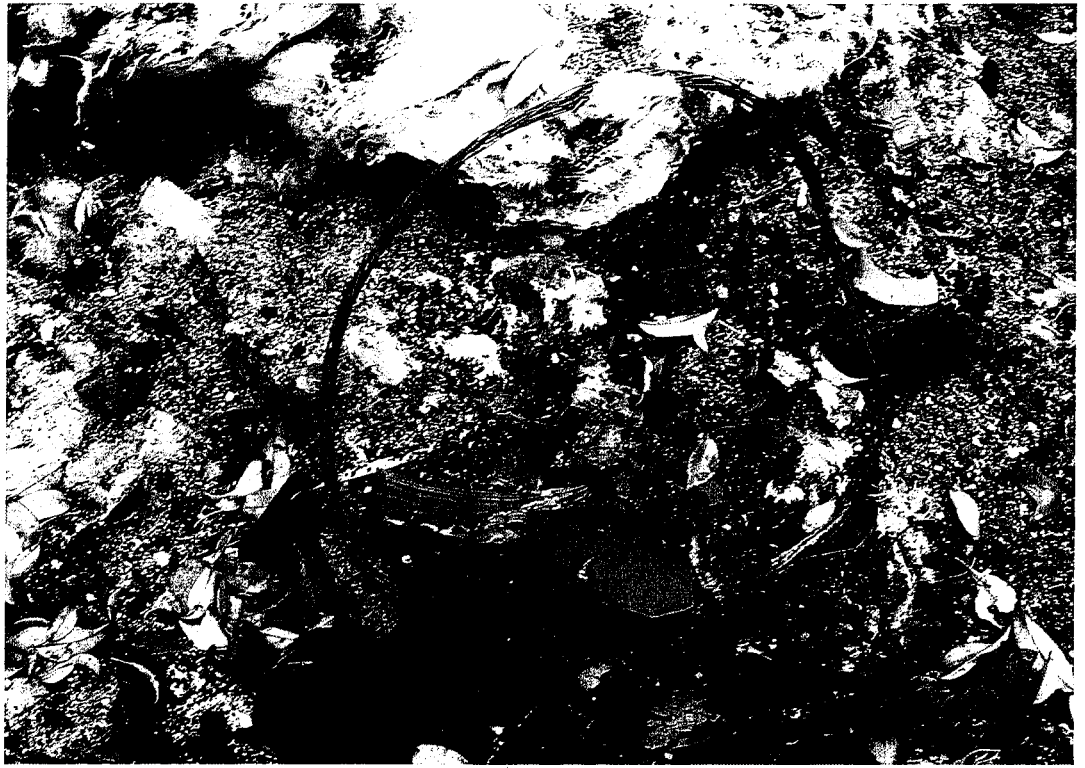


PHOTO BY: LC
DIRECTION:
PHOTO FILE NAME
101304-lc-6408 Reinder- Cole-004



SANGAMON COUNTY  
DEPARTMENT OF PUBLIC HEALTH  
2501 North Dirksen Parkway  
Springfield, Illinois 62702  
(217) 535-3101

# DIGITAL INSPECTION PHOTOS

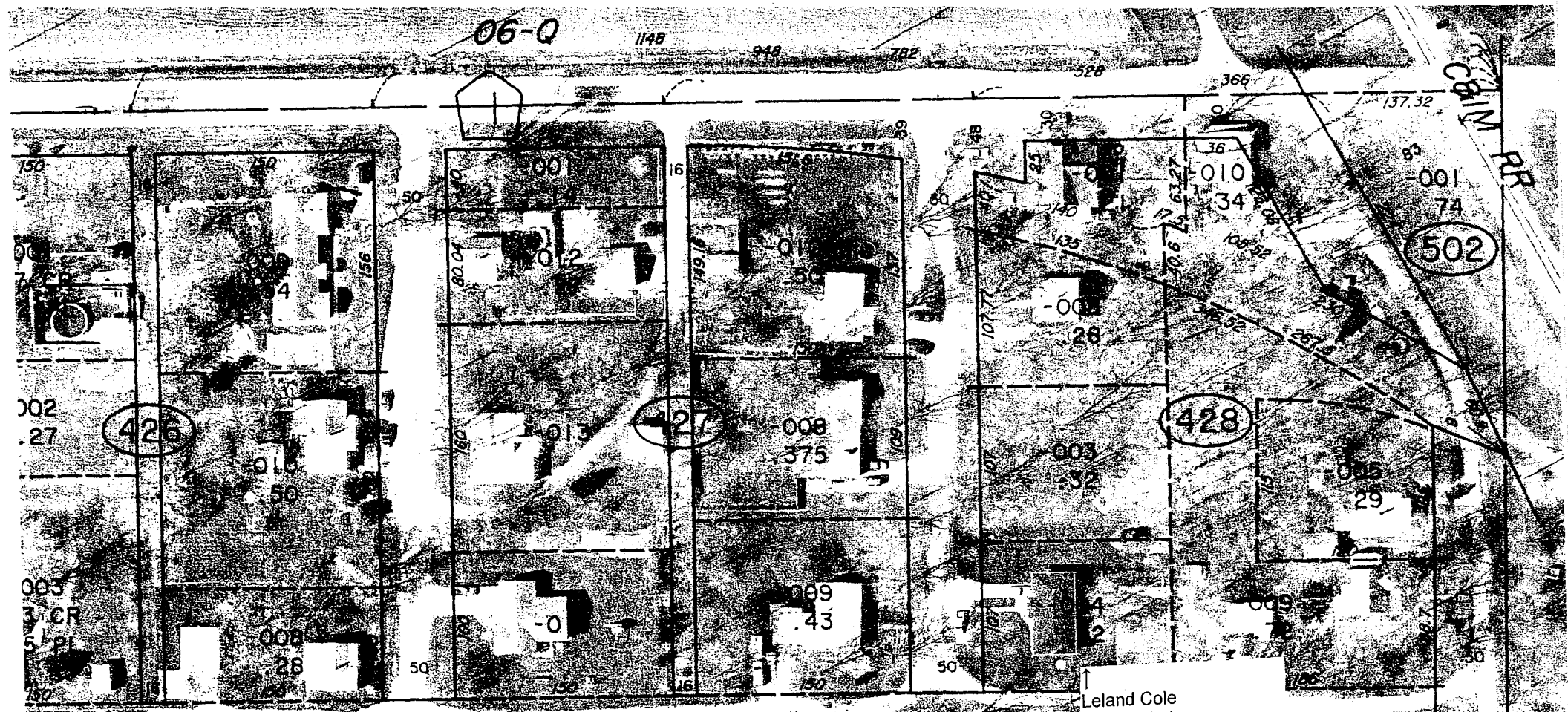
DATE: 101304	SITE #: Sangamon County
TIME: 0920-0925	SITE NAME: 6408 Reinder/Leland Cole/Fancy Creek Twp.

PHOTO BY: LC
DIRECTION:
PHOTO FILE NAME
101304-lc-6408 Reinder- Cole-005



PHOTO BY: LC
DIRECTION:
PHOTO FILE NAME
101304-lc-6408 Reinder- Cole-006





Leland Cole  
6408 Reinder  
Parcel # 06-27.0-428-004

↑  
Open dump  
and burn site

Parcel # 06-27.0-430-004

Selection ==> \_\_\_

Parcel Nbr 6270430004

Check Digit 8 NO COMMENTS FOR PARCEL

Tax Yr 2004 Pay 2005

----- Name & Mailing Address -----

----- Property Address -----

BROWN LELA  
6718 SHERMAN ROAD  
RIVERTON IL 62561

Bldg Nbr 1 Unit Nbr

Class 21 UNIMPROVED FARM LAND

Tax Year	Status	Tax Code	Acres	Non-Farm	Farm
2004	Active	M08	.00		27.18
2005			.00		.00

Vol 2 Pg 47 Taxes Sold N  
Mort Code 0000 Scavenger Sale N

----- Legal Description -----

PT NE1/4 SE1/4 27-15-5

Exemptions	
Owner Occupied	N Home Improvement N
Contract For Deed	N Disabled Veteran N
Senior Citizen	N Fraternal Org N
Sr Assmt Freeze	N Veteran Org N

F3=Exit F15=Townships F16=Exemption Info F17=Complaint F21=Image Pg-Down



**A** SB264 IL 09 19 2004 001 04-0000147 000  Delete  Change  No Activity NFIRS -1 Basic

FDID \* State \* Incident Date \* Station Incident Number \* Exposure \*

**B Location\***  Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires. Census Tract [ ]-[ ]

Street address  Intersection  In front of  Rear of  Adjacent to  Directions

6408 Reinder ST  
 Number/Milepost Prefix Street or Highway Street Type Suffix

Andrew IL 62707  
 Apt./Suite/Room City State Zip Code

Cross street or directions, as applicable

**C Incident Type \***  
 151 Outside rubbish, trash or waste  
 Incident Type

**E1 Date & Times** Midnight is 0000  
 Check boxes if dates are the same as Alarm Date.  
 ALARM always required  
 Alarm \* 09 19 2004 19:57:00  
 Month Day Year Hr Min Sec

**E2 Shift & Alarms** Local Option  
 2 01 R  
 Shift or Alarms District Platoon

**D Aid Given or Received\***

1  Mutual aid received  
 2  Automatic aid recv.  
 3  Mutual aid given  
 4  Automatic aid given  
 5  Other aid given  
 N  None

Their FDID Their State  
 Their Incident Number

ARRIVAL required, unless canceled or did not arrive  
 Arrival \* 09 19 2004 20:05:00  
 CONTROLLED Optional, Except for wildland fires  
 Controlled 09 19 2004 20:10:00  
 LAST UNIT CLEARED, required except for wildland fires  
 Last Unit Cleared 09 19 2004 20:30:00

**E3 Special Studies** Local Option  
 Special Study ID# Special Study Value

**F Actions Taken \***

11 Extinguish  
 Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

**G1 Resources \***

Check this box and skip this section if an Apparatus or Personnel form is used.

Apparatus Personnel  
 Suppression  
 EMS  
 Other 0002 0012

Check box if resource counts include aid received resources.

**G2 Estimated Dollar Losses & Values**

LOSSES: Required for all fires if known. Optional for non fires. None

Property \$ [ ] , [ ] 000 , [ ] 000   
 Contents \$ [ ] , [ ] 000 , [ ] 000   
 PRE-INCIDENT VALUE: Optional  
 Property \$ [ ] , [ ] 000 , [ ] 000   
 Contents \$ [ ] , [ ] 000 , [ ] 000

**Completed Modules**

Fire-2  
 Structure-3  
 Civil Fire Cas.-4  
 Fire Serv. Cas.-5  
 EMS-6  
 HazMat-7  
 Wildland Fire-8  
 Apparatus-9  
 Personnel-10  
 Arson-11

**H1\* Casualties**  None  
 Deaths Injuries  
 Fire Service  
 Civilian  
**H2 Detector**  
 Required for Confined Fires.  
 1  Detector alerted occupants  
 2  Detector did not alert them  
 U  Unknown

**H3 Hazardous Materials Release**

N  None  
 1  Natural Gas: slow leak, no evacuation or HazMat actions  
 2  Propane gas: <21 lb. tank (as in home BBQ grill)  
 3  Gasoline: vehicle fuel tank or portable container  
 4  Kerosene: fuel burning equipment or portable storage  
 5  Diesel fuel/fuel oil: vehicle fuel tank or portable  
 6  Household solvents: home/office spill, cleanup only  
 7  Motor oil: from engine or portable container  
 8  Paint: from paint cans totaling < 55 gallons  
 0  Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

**I Mixed Use Property**

NN  Not Mixed  
 10  Assembly use  
 20  Education use  
 33  Medical use  
 40  Residential use  
 51  Row of stores  
 53  Enclosed mall  
 58  Bus. & Residential  
 59  Office use  
 60  Industrial use  
 63  Military use  
 65  Farm use  
 00  Other mixed use

**J Property Use\*** Structures

131  Church, place of worship  
 161  Restaurant or cafeteria  
 162  Bar/Tavern or nightclub  
 213  Elementary school or kindergarten  
 215  High school or junior high  
 241  College, adult education  
 311  Care facility for the aged  
 331  Hospital

341  Clinic, clinic type infirmary  
 342  Doctor/dentist office  
 361  Prison or jail, not juvenile  
 419  1-or 2-family dwelling  
 429  Multi-family dwelling  
 439  Rooming/boarding house  
 449  Commercial hotel or motel  
 459  Residential, board and care  
 464  Dormitory/barracks  
 519  Food and beverage sales

539  Household goods, sales, repairs  
 579  Motor vehicle/boat sales/repair  
 571  Gas or service station  
 599  Business office  
 615  Electric generating plant  
 629  Laboratory/science lab  
 700  Manufacturing plant  
 819  Livestock/poultry storage (barn)  
 882  Non-residential parking garage  
 891  Warehouse

Outside

124  Playground or park  
 655  Crops or orchard  
 669  Forest (timberland)  
 807  Outdoor storage area  
 919  Dump or sanitary landfill  
 931  Open land or field

936  Vacant lot  
 938  Graded/care for plot of land  
 946  Lake, river, stream  
 951  Railroad right of way  
 960  Other street  
 961  Highway/divided highway  
 962  Residential street/driveway

981  Construction site  
 984  Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:  
 Property Use 962  
 Residential street, road or

NFIRS-1 Revision 03/11/99



**K1 Person/Entity Involved**

Local Option \_\_\_\_\_ Business name (if applicable) \_\_\_\_\_ Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr.,Ms., Mrs. First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Number \_\_\_\_\_ Prefix \_\_\_\_\_ Street or Highway \_\_\_\_\_ Street Type \_\_\_\_\_ Suffix \_\_\_\_\_

Post Office Box \_\_\_\_\_ Apt./Suite/Room \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

**K2 Owner**  Same as person involved? Then check this box and skip The rest of this section.

Local Option \_\_\_\_\_ Business name (if Applicable) \_\_\_\_\_ Area Code 217 Phone Number 487 - 7457

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr.,Ms., Mrs. First Name Leland MI \_\_\_\_\_ Last Name Cole Suffix \_\_\_\_\_

Number 6408 Prefix \_\_\_\_\_ Street or Highway Reinder Street Type ST Suffix \_\_\_\_\_

Post Office Box (Andrew) Apt./Suite/Room \_\_\_\_\_ City Springfield

State IL Zip Code 62707

**L Remarks**

Local Option \_\_\_\_\_

Paged as a subject burning carpet. Considering this is an illegal burn, I asked for police to be on the scene.

On arrival we found a large trash pile that had burned down and a small amount of foul smelling residue was burning in the center of the pile. This had the appearance of burning carpet and smelled similar to that we had seen before.. I ordered a shortened attack line to extinguish the fire. I then attempted to determine the person who may have been responsible. Mr. Pete Cadigan a former Sherman firefighter was on the scene and said he now lived in Andrew. Pete stated that he nor his brother with whom he lived had started the fire. I crossed the street to the residence on the southeast corner and met a Mr. Leland Cole who admitted to me that he had lit the fire and that it contained "a small amount of carpet". I informed Mr. Cole that it was illegal to burn that material and he stated that they had been burning stuff for many years. I informed him it was now illegal and that an officer was on the way to speak with him and that I would make a report to Sangamon County Department of Public health.

When I asked Mr Cole for his name and address, he began to bluster and said he could tall me he was "George Bush". I informed him that if he did, I would have to call the police officer to assist. He gave me his name and address as I requested. Sherman PD was on the scene, but was out of their jurisdiction. when the SCSO officer arrived, I informed him of the illegal burn and left it up to him if there would be a citation issued for the burn . I tole him where Mr. Cole resided and then we departed the scene and returned to quarters.

C. R. Coon, Chief  
09/19/2004 21:11:26

**L Authorization**

110 Officer in charge ID Coon, Richard Signature FC Position or rank \_\_\_\_\_ Assignment \_\_\_\_\_ 09 Month 19 Day 2004 Year

Check Box if  same as Officer in charge. Member making report ID 110 Signature Coon, Richard Position or rank FC Assignment \_\_\_\_\_ 09 Month 19 Day 2004 Year

SB264

FDID

IL

State \*

MM

DD

YYYY

9

19

2004

Incident Date \*

001

Station

04-0000147

Incident Number \*

000

Exposure \*

Complete  
Narrative**Narrative:**

Paged as a subject burning carpet. Considering this is an illegal burn, I asked for police to be on the scene.

On arrival we found a large trash pile that had burned down and a small amount of foul smelling residue was burning in the center of the pile. This had the appearance of burning carpet and smelled similar to that we had seen before.. I ordered a shortened attack line to extinguish the fire. I then attempted to determine the person who may have been responsible. Mr. Pete Cadigan a former Sherman firefighter was on the scene and said he now lived in Andrew. Pete stated that he nor his brother with whom he lived had started the fire. I crossed the street to the residence on the southeast corner and met a Mr. Leland Cole who admitted to me that he had lit the fire and that it contained "a small amount of carpet". I informed Mr. Cole that it was illegal to burn that material and he stated that they had been burning stuff for many years. I informed him it was now illegal and that an officer was on the way to speak with him and that I would make a report to Sangamon County Department of Public health.

When I asked Mr Cole for his name and address, he began to bluster and said he could tell me he was "George Bush". I informed him that if he did, I would have to call the police officer to assist. He gave me his name and address as I requested. Sherman PD was on the scene, but was out of their jurisdiction. when the SCSO officer arrived, I informed him of the illegal burn and left it up to him if there would be a citation issued for the burn. I tole him where Mr. Cole resided and then we departed the scene and returned to quarters.

C. R. Coon, Chief  
09/19/2004 21:11:26

**B Property Details**

**B1**  Not Residential  
 Estimated Number of residential living units in building of origin whether or not all units became involved

**B2**  Buildings not involved  
 Number of buildings involved

**B3**  None  
 Acres burned (outside fires)  Less than one acre

**C On-Site Materials**  None or Products  
 Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved

Enter up to three codes. Check one or more boxes for each code entered.

**311** Lumber, sawn wood  
 On-site material (1)

**631** Carpets, rugs  
 On-site material (2)

**963** Trash, not  
 On-site material (3)

1  Bulk storage or warehousing  
 2  Processing or manufacturing  
 3  Packaged goods for sale  
 4  Repair or service

1  Bulk storage or warehousing  
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**D Ignition**

**D1** 94 Open area - outside;  
 Area of fire origin \*

**D2** UU Undetermined  
 Heat source \*

**D3** UU Undetermined  
 Item first ignited \* 1  Check Box if fire spread was confined to object of origin

**D4** UU Undetermined  
 Type of material first ignited Required only if item first ignited code is 00 or <70

**E1 Cause of Ignition**  
 Check box if this is an exposure report. Skip to section G

1  Intentional  
 2  Unintentional  
 3  Failure of equipment or heat source  
 4  Act of nature  
 5  Cause under investigation  
 U  Cause undetermined after investigation

**E2 Factors Contributing To Ignition**

00 Other factor  
 Factor Contributing To Ignition (1)

Factor Contributing To Ignition (2)

**E3 Human Factors Contributing To Ignition**  
 Check all applicable boxes

1  Asleep  None  
 2  Possibly impaired by alcohol or drugs  
 3  Unattended person  
 4  Possibly mental disabled  
 5  Physically Disabled  
 6  Multiple persons involved

7  Age was a factor  
 Estimated age of person involved

1  Male 2  Female

**F1 Equipment Involved In Ignition**  
 None If Equipment was not involved, Skip to Section G

NNN None  
 Equipment Involved

Brand  
 Model  
 Serial #  
 Year

**F2 Equipment Power**  
 Equipment Power Source

**F3 Equipment Portability**

1  Portable  
 2  Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

**G Fire Suppression Factors**  
 Enter up to three codes.  None

NNN None  
 Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

**H1 Mobile Property Involved**  
 None

1  Not involved in ignition, but burned  
 2  Involved in ignition, but did not burn  
 3  Involved in ignition and burned

**H2 Mobile Property Type & Make**

NN None  
 Mobile property type

Mobile property make

**Local Use**  
 Pre-Fire Plan Available  
 Some of the information presented in this report may be based upon reports from other Agencies

Arson report attached  
 Police report attached  
 Coroner report attached  
 Other reports attached

Mobile property model Year

License Plate Number State VIN Number

<b>A</b>	SB264 FDID *	IL State *	MM DD YYYY 9 19 2004 Incident Date *	001 Station	04-0000147 Incident Number *	000 Exposure *	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 9 Apparatus or Resources
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B Apparatus or * Resource	Date and Times <small>Check if same as alarm date</small> Month Day Year Hour Min	Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
1 ID E-2 Type 11	Dispatch <input checked="" type="checkbox"/> 9 19 2004 19:57 Arrival <input checked="" type="checkbox"/> 9 19 2004 20:05 Clear <input checked="" type="checkbox"/> 9 19 2004 20:34	<input checked="" type="checkbox"/>	5	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	
2 ID E-9 Type 00	Dispatch <input checked="" type="checkbox"/> 9 19 2004 19:57 Arrival <input checked="" type="checkbox"/> 9 19 2004 20:05 Clear <input checked="" type="checkbox"/> 9 19 2004 20:34	<input checked="" type="checkbox"/>	7	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	
3 ID Type	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
4 ID Type	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
5 ID Type	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
6 ID Type	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
7 ID Type	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
8 ID Type	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
9 ID Type	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	

<b>Type of Apparatus or Resources</b>		<b>More Apparatus? Use Additional Sheets</b>
<b>Ground Fire Suppression</b> 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other <b>Heavy Ground Equipment</b> 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other <b>Aircraft</b> 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other	<b>Marine Equipment</b> 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other <b>Support Equipment</b> 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other <b>Medical &amp; Rescue</b> 71 Rescue unit 72 Urban Search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other	<b>Other</b> 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource NN None UU Undetermined
NFIRS-9 Revision 11/17/98		

SB264 FDID *	IL State *	MM DD YYYY 9 19 2004 Incident Date *	001 Station	04-0000147 Incident Number *	000 Exposure *	Responding Personnel
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
110 Coon, Richard	E-2	FX Fire At Scene		FC		1.00	1.00	1.00
112 Kileen, Ed L	E-2	FX Fire At Scene		CP		1.00	1.00	1.00
136 Noyes, Jason W	E-2	FX Fire At Scene		FF		1.00	1.00	1.00
138 Downs, Randy J	E-2	FX Fire At Scene		FF		1.00	1.00	1.00
143 Nichols, Theresa	E-2	FX Fire At Scene		FFE		1.00	1.00	1.00
111 Burge, Randy H	E-9	FX Fire At Scene		DC		1.00	1.00	1.00
128 Lowder, Jared J	E-9	FX Fire At Scene		PR		1.00	1.00	1.00
129 Judd, Travis V	E-9	FX Fire At Scene		PR		1.00	1.00	1.00
131 Johnson, Dennis	E-9	FX Fire At Scene		FFE		1.00	1.00	1.00
139 Dukett, Jacob G	E-9	FX Fire At Scene		FFE		1.00	1.00	1.00
144 Dauphinee, Michael	E-9	FX Fire At Scene		PR		1.00	1.00	1.00
145 Bussen, Gregory J	E-9	FX Fire At Scene		FF		1.00	1.00	1.00

Total Participants: 12

Total Personnel Hours: 12.00

An 'X' next to the unit denotes driver.







