

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

PEOPLE OF THE STATE OF ILLINOIS,)
ex rel. Eric Rinehart, State's Attorney)
for Lake County, Illinois,)
))
Complainant,)
))
v.)
))
ILLINOIS DEPARTMENT OF)
TRANSPORTATION,)
))
Respondent.)

PCB No. 2023-108
(Enforcement Noise)

NOTICE OF FILING

To: See Attached Service List

Please take notice that Respondent has, on the 5th day of May, 2023, filed with the Clerk of the Pollution Control Board, James R. Thompson Center, 100 W. Randolph Street, Suite 11-500, Chicago, IL 60601, via electronic filing, its proof of service, a copy of which is herewith served upon you, of the previously filed JOINT ENTRY OF APPEARANCE and MOTION FOR EXTENSION OF TIME.

Respectfully submitted,

ILLINOIS DEPARTMENT OF TRANSPORTION,
Respondent,

By: /s/Matthew Dougherty
Matthew D. Dougherty
Special Assistant Attorney General
Assistant Chief Counsel
Illinois Department of Transportation
2300 S. Dirksen Parkway, Room 313
Springfield, Illinois 62764
Phone: 217-785-7524
E-mail: Matthew.Dougherty@illinois.gov

By: /s/Erin Walsh
Erin Walsh
Special Assistant Attorney General
Assistant Chief Counsel
Illinois Department of Transportation
69 West Washington Street, Suite 2100
Chicago, Illinois 60602
Phone: 312-793-2965
Erin.walsh2@illinois.gov

Service List

Brad Halloran
Hearing Officer
Illinois Pollution Control Board
60 E. Van Buren, Suite 630
Chicago, IL 60605
Brad.Halloran@illinois.gov

Don Brown
Clerk of the Board
Illinois Pollution Control Board
100 W. Randolph St., Suite 11-500
Chicago, IL 60601
Don.Brown@illinois.gov

Lisle A. Stalter
Assistant State's Attorney
Lake County State's Attorney's Office
18 N. County Street
Waukegan, IL 60085
847-377-3050
lhalter@lakecountyil.gov

CERTIFICATE OF SERVICE

The undersigned, being first duly sworn upon oath, deposes and states that a copy of Respondent's NOTICE OF FILING and proof of service were served upon the persons listed on the attached Service List by first class United States mail, with postage thereon fully prepaid, by causing to be deposited with the U.S. Mail in Springfield, Illinois the 5th day of May, 2023.

Respectfully submitted,

ILLINOIS DEPARTMENT OF TRANSPORTION,
Respondent,

By: /s/Matthew Dougherty
Matthew D. Dougherty
Special Assistant Attorney General
Assistant Chief Counsel
Illinois Department of Transportation
2300 S. Dirksen Parkway, Room 313
Springfield, Illinois 62764
Phone: 217-785-7524
E-mail: Matthew.Dougherty@illinois.gov

Date: May 5, 2023

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



7015 0640 0003 1566 1906
7015 0640 0003 1566 1906
7015 0640 0003 1566 1906

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark Here

Postage \$

Total Po \$ Lisle A. Stalter

Sent To Assistant State's Attorney
Lake County State's Attorney's Office
Street or 18 N. County Street
City, State Waukegan, IL 60085

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Lisle A. Stalter
Assistant State's Attorney
Lake County State's Attorney's Office
18 N. County Street
Waukegan, IL 60085

2. Article Number (Transfer from service label)
7015 0640 0003 1566 1906



9590 9402 3022 7124 6222 94

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

USPS TRACKING#



9590 9402 3022 7124 6222 94



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Illinois Department of Transportation
Office of Chief Counsel
2300 S. Dirksen Parkway, Rm. 313
Springfield, IL 62764
Attn: Matt Dougherty

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>	
<p>1. Article Addressed to:</p> <p>Lisle A. Stalter Assistant State's Attorney Lake County State's Attorney's Office 18 N. County Street Waukegan, IL 60085</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 0640 0003 1566 1913</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, print delivery address below <input type="checkbox"/> No</p> <p>Lake County Support Services Mail Room</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>

Tracking Number:

70150640000315661913

 Copy  Add to Informed Delivery

Latest Update

Your item was picked up at a postal facility at 9:21 am on April 27, 2023 in WAUKEGAN, IL 60085.

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Delivered

Delivered, Individual Picked Up at Postal Facility

WAUKEGAN, IL 60085
April 27, 2023, 9:21 am

Departed USPS Regional Facility

PALATINE IL DISTRIBUTION CENTER
April 26, 2023, 7:52 pm

Arrived at USPS Regional Facility

PALATINE IL DISTRIBUTION CENTER
April 26, 2023, 1:29 pm

Departed USPS Regional Facility

SPRINGFIELD IL DISTRIBUTION CENTER
April 26, 2023, 11:53 am

Arrived at USPS Regional Facility

SPRINGFIELD IL DISTRIBUTION CENTER
April 25, 2023, 9:30 pm

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