



Illinois Environmental Protection Agency MAR 0 4 2004

1021 North Grand Avenue East, P.O. Box 19276, Springfield, Illinois 62794-9276, STATE OF ILLINOIS JAMES R. THOMPSON CENTER, 100 WEST RANDOLPH, SUITE 11-300, CHICAGO, IL 60601, Politifor Control Board

ROD R. BLAGOJEVICH, GOVERNOR

RENEE CIPRIANO, DIRECTOR

(217) 782-5544 TDD: (217) 782-9143 Aco4-49

March 1, 2004

The Honorable Dorothy Gunn, Clerk Illinois Pollution Control Board State of Illinois Center 100 West Randolph, Suite 11-500 Chicago, IL 60601

Re:

Illinois Environmental Protection Agency v. Bill Marshall

IEPA File No. 76-04-AC 1934305003—White County

Dear Clerk Gunn:

Please be advised that service was had on Respondent, Bill Marshall, on February 23, 2004. In order to avoid default, a Petition for Review must be filed with the Illinois Pollution Control Board on or before March 29, 2004.

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

Sincerely.

Michelle M. Ryan **Assistant Counsel**

Attachment

RECEIVED CLERK'S OFFICE

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

MAR 0 4 2004

ADMINISTRATIVE CITATION

STATE OF ILLINOIS Pollution Control Board

NOTICE OF FIL		FILING
Respondent.)	
BILL MARSHALL,)	
v.)	(IEPA No. 76-04-AC)
Complainant,)	AC 04-49
ILLINOIS ENVIRONMENTAL PROTECTION AGENCY,)	. 0

To:

Bill Marshall

709 Sycamore Mill Shoals, IL 62862

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

Special Assistant Attorney General

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

Dated: March 1, 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 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 X. B. Received by (Printed Name) C. Date of Delivery 2/23/04		
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:		
Bill Marshall 709 Sycamore Mill Shoals, IL 62862	P.O.Box 33		
	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise C.O.D.		
	4. Restricted Delivery? (Extra Fee)		
2. Article Number 7000 0520 0012 5645 6410 (Transfer from service label);			
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540			

PROOF OF SERVICE

I hereby certify that I did on the 1st day of March 2004, 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:

Bill Marshall

709 Sycamore

Mill Shoals, IL 62862

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

To:

Dorothy Gunn, Clerk

Pollution Control Board

James R. Thompson Center

100 West Randolph Street, Suite 11-500

Chicago, Illinois 60601

Michelle M. Ryan

Special Assistant Attorney General

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