

State of Illinois  
POLLUTION CONTROL BOARD  
JAMES R. THOMPSON CENTER  
100 W. RANDOLPH STREET, SUITE 11-500  
CHICAGO, ILLINOIS 60601

RECEIVED  
CLERK'S OFFICE

JUN 17 2005

STATE OF ILLINOIS  
Pollution Control Board

## FORMAL COMPLAINT

BEFORE THE  
ILLINOIS POLLUTION CONTROL BOARD

WAYNE HASER

(Insert your name(s) on lines  
above),

Complainant(s),

v.

TNT LOGISTICS

(Insert name(s) of alleged polluter(s)  
on lines above),

Respondent(s).

PCB 05-216  
(For Board use)

Note: If you do not use this formal complaint form and instead draft and type your own, it must contain all of the information requested by this form. All items must be completed. If there is insufficient space to complete any item, you may attach additional sheets, specifying the number of the item you are completing. Once completed, you must file the original and nine copies of the formal complaint, notice to respondent, and certificate of service with the Clerk of the Board at the above address.

1. Your name, street address,  
county, state:

WAYNE HASER  
25763 WILLOWCREEK LN  
WILL COUNTY, IL

Phone: 708/534-3518

2. Place where you can be  
contacted during normal  
business hours (if different  
from above):

Phone: 708/768-1754

3. Name and address of respondent  
(alleged polluter):

TNT LOGISTICS  
28550 RIDGELAND  
MONEE, IL

Phone: 708/534-9125  
(if known)

4. Describe the type of business or activity that you allege is causing or allowing pollution  
(e.g., manufacturing company, home repair shop) and give the address of the pollution  
source if different than the address above:

WAREHOUSE DISTRIBUTION CENTER

5. List specific sections of the Environmental Protection Act, Board regulations, Board order, or permit that you allege have been or are being violated:

901. 102

901. 103

901. 104

901. 106

6. Describe the type of pollution that you allege (e.g., air, odor, noise, water, sewer back-ups, hazardous waste) and the location of the alleged pollution. Be as specific as you reasonably can in describing the alleged pollution:

air, odor, noise (e.g. trucks driving around building, engine braking, air horns, outdoor reception speakers, dropping trailers, hooking trailers, dock plate noise, engines idling)

7. Describe the duration and frequency of the alleged pollution. Be as specific as you reasonably can about when you first noticed the alleged pollution, how frequently it occurs, and whether it is still continuing (include seasons of the year, dates, and times of day if known):

24 HRS A DAY - 7 DAYS A WEEK - 365 DAYS A YEAR BASED UPON THEIR DISTRIBUTION NEEDS. HOURS OF OPERATION CONTINUE PAST 10 P.M. AND BEFORE 6 A.M. BUILDING OPERATIONS COMMENCED OCT 2004. COMPLAINTS FILED WITH VILLAGE OF MONEE, WILL COUNTY SHERIFFS' DEPT AND DISCUSSED WITH ILL. STATES ATTY OFFICE JOLIET. COPIES AVAILABLE UPON REQUEST. HAVE DISCUSSED WITH STATE REPRESENTATIVE LISA DUGAN, AND COUNTY BOARD MEMBER JOHN ANDERSON. PLEASE NOTE.

8. Describe any bad effects that you believe the alleged pollution has or has had on human health, on plant or animal life, on the environment, on the enjoyment of life or property, or on any lawful business or activity:

Quality of life on my (5+) acre estate has been devastated. Sleep is disrupted, outdoor children's play disrupted, outdoor activities destroyed. Children waking at night and seeking solace elsewhere. Meals at kitchen table interrupted. Home office hours disrupted.

9. Describe the relief that you seek from the Board (e.g., an order that the respondent stop polluting, take pollution abatement measures, perform a cleanup, reimburse cleanup costs, change its operation, or pay a civil penalty (note that the Board cannot order the respondent to pay your attorney fees or any out-of-pocket expenses that you incur by pursuing an enforcement action)):

I wish to enjoy the quality of life I have had for the 23 years prior to the building of this travesty. Control the noise to adjacent residential properties or relocate.

10. Identify any identical or substantially similar case you know of that is already pending before the Board or in another forum against this respondent for the same alleged pollution (note that you need not include any complaints made to the Illinois Environmental Protection Agency or any unit of local government):

---

---

---

---

11. State whether you are representing (a) yourself as an individual or (b) your unincorporated sole proprietorship. Also, state whether you are an attorney and, if so, whether you are licensed and registered to practice law in Illinois. (Under Illinois law, an association, citizens group, unit of local government, or corporation must be represented before the Board by an attorney. Also, an individual who is not an attorney cannot represent another individual or other individuals before the Board. However, an individual who is not an attorney is allowed to represent (a) himself or herself as an individual or (b) his or her unincorporated sole proprietorship, though the individual may prefer having attorney representation.):

(a) myself

12.

Wayne Haser  
(Complainant's signature)

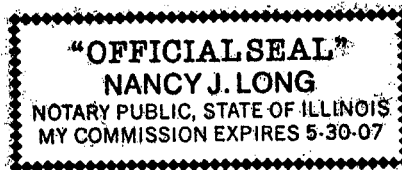
CERTIFICATION (optional but encouraged)

I, WAYNE HASER, on oath or affirmation, state that I have read the foregoing and that it is accurate to the best of my knowledge.

Wayne Haser  
(Complainant's signature)

Subscribed to and sworn before me  
this 10<sup>th</sup> day  
of June, 2005

Nancy J. Long  
Notary Public



My commission expires: 5-30-07

RECEIVED  
CLERK'S OFFICE

JUN 17 2005

**CERTIFICATE OF SERVICE**

STATE OF ILLINOIS  
Pollution Control Board

I, the undersigned, on oath or affirmation, state that on (month, day, year)  
JUNE 10, 2005, I served the attached formal complaint and notice on the  
respondent by: (check appropriate line)

X certified mail (attach copy of receipt if available, otherwise you must file  
receipt later with Clerk)

\_\_\_\_\_ registered mail (attach copy of receipt if available, otherwise  
you must file receipt later with Clerk)

\_\_\_\_\_ messenger service (attach copy of receipt if available, otherwise you must  
file receipt later with Clerk)

\_\_\_\_\_ personal service (attach affidavit if available, otherwise you  
must file affidavit later with Clerk)

at the address below:

RESPONDENT'S ADDRESS:

Name TNT LOGISTICS

Street 28550 RIDGELAND

City, state, zip code MONTEE, IL 60449  
(list each respondent's name and address if multiple respondents)

Wepethee  
Complainant's signature

Street 25763 WILLOWCREEK LANE

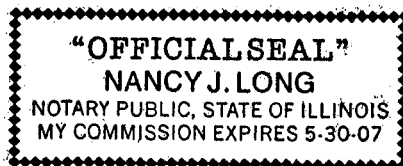
City, state, zip code MONTEE IL 60449

Subscribed to and sworn before me

this 10<sup>th</sup> day

of June, 2005

Nancy J. Long  
Notary Public



My commission expires: 5-30-07



\*\*\*\* WELCOME TO \*\*\*\*  
MONEE POST OFFICE  
MONEE, IL 60449-8101  
06/10/05 01:07PM

Store USPS 26  
Wkstn sys5002  
Cashier KVXRW2  
Stock Unit Id  
PO Phone Number  
USPS #  
Trans  
CASHIER  
GUY  
SIAGUY  
800-275-8777  
1615500449

1. First Class  
Destination: 60449  
Weight: 1.50 oz.  
Postage Type: PVI  
Total Cost: 4.65  
Base Rate: 0.60  
SERVICES

Certified Mail  
70012510000545273260  
Rtn Rcpt (Green Card) 1.75

Subtotal  
Total 4.65

Cash 5.00  
Change Due 0.35  
Cash

Number of Items Sold: 1

Thank you  
Please come again!

### 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:

TNT LOGISTICS  
28550 RIDGELAND  
MONEE IL  
60449

### COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Rachel Burnes ☐ Agent

B. Received by (Printed Name)

Rachel Burnes 6/13/05

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7001 2510 0005 4527 3260

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

### U.S. Postal Service

### CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

MONEE, IL 60449

Postage \$ 0.60

Certified Fee 2.30

Return Receipt Fee  
(Endorsement Required) 1.75

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees \$ 4.65

UNIT ID: 0449

Postmark  
Here

Clerk: KVXRW2

06/10/05

Sent To

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

TNT LOGISTICS  
28550 RIDGELAND  
MONEE, IL 60449