

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

ILLINOIS ENVIRONMENTAL )  
PROTECTION AGENCY, )  
 )  
Complainant, ) AC 08-12  
 )  
v. ) (IEPA No. 1-08-AC)  
 )  
NORMA EDDINGTON and CECIL )  
EDDINGTON, )  
 )  
Respondents. )

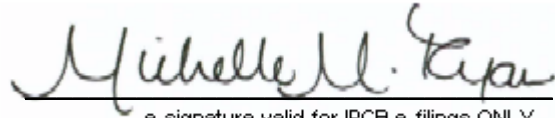
**NOTICE OF FILING**

To: Norma Eddington  
4954 U.S. Highway 67  
Beardstown, IL 62618

Cecil Eddington  
801 E. Third Street  
Beardstown, IL 62618

PLEASE TAKE NOTICE that on this date I electronically filed with the Clerk of the Pollution Control Board of the State of Illinois the following instrument(s) entitled CERTIFIED MAIL RECEIPT.

Respectfully Submitted,



e-signature valid for IPCB e-filings ONLY

Michelle M. Ryan  
Assistant Counsel

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

Dated: March 11, 2008

**Electronic Filing - Received, Clerk's Office, March 11, 2008**

(217) 782-9817  
TDD: (217) 782-9143

March 11, 2008

John Therriault, Acting Clerk  
Illinois Pollution Control Board  
James R. Thompson Center  
100 West Randolph Street, Suite 11-500  
Chicago, Illinois 60601


Re: Illinois Environmental Protection Agency v. Norma and Cecil Eddington  
AC 08-12  
0178055002—Cass County

Dear Clerk Therriault:

Please be advised that service was had on Respondents, Norma and Cecil Eddington, on January 18, 2008. In order to avoid default, a Petition for Review was required to be filed with the Illinois Pollution Control Board on or before February 22, 2008.

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

Sincerely,



*Michelle M. Ryan*

e-signature valid for IPCB e-filings ONLY

Michelle M. Ryan  
Assistant Counsel

Enclosure

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Janice Lael</i>
1. Article Addressed to:  Norma Eddington 4954 U.S. Highway 67 Beardstown, IL 62618	B. Received by (Printed Name) C. Date of Delivery  1-18-08
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, February 2004	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
102595-02-M-1540	7004 2510 0001 8619 0732

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Janice Lael</i>
1. Article Addressed to:  Cecil Eddington 801 E. Third St. Beardstown, IL 62618	B. Received by (Printed Name) C. Date of Delivery  1-18-08
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, February 2004	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
102595-02-M-1540	7004 2510 0001 8619 0749

**PROOF OF SERVICE**

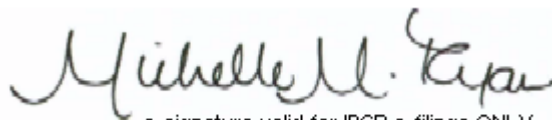
I hereby certify that I did on the 11<sup>th</sup> day of March, 2008, send by U.S. Mail with postage thereon fully prepaid, by depositing in a United States Post Office Box a true and correct copy of the following instrument(s) entitled CERTIFIED MAIL RECEIPT

To: Norma Eddington  
4954 U.S. Highway 67  
Beardstown, IL 62618

Cecil Eddington  
801 E. Third Street  
Beardstown, IL 62618

and an electronic copy of the same foregoing instrument on the same date via electronic filing

To: John Therriault, Acting Clerk  
Pollution Control Board  
James R. Thompson Center  
100 West Randolph Street, Suite 11-500  
Chicago, Illinois 60601



e-signature valid for IPCB e-filings ONLY

Michelle M. Ryan  
Assistant Counsel

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