

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

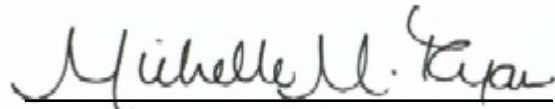
ILLINOIS ENVIRONMENTAL	)	
PROTECTION AGENCY,	)	
	)	
Complainant,	)	AC 08-18
	)	
v.	)	(IEPA No. 24-08-AC)
	)	
CAROL G. PRIEB and MARGARET	)	
DILLAVOU,	)	
	)	
Respondents.	)	

**NOTICE OF FILING**

To: Carol G. Prieb and Margaret Dillavou  
405 Barkhausen Lane  
Jonesboro, IL 62952

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

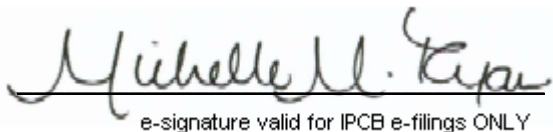
Re: Illinois Environmental Protection Agency v. Carol G. Prieb and Margaret Dillavou  
AC 08-18  
1818580001—Union County

Dear Clerk Therriault:

Please be advised that service was had on Respondents, Carol G. Prieb and Margaret Dillavou, on February 27, 2008. In order to avoid default, a Petition for Review is required to be filed with the Illinois Pollution Control Board on or before April 2, 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>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery                  2/27/08</p>
<p>1. Article Addressed to:</p> <p>Margaret Dillavou                  405 Barkhausen Lane                  Jonesboro, IL 62952</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" 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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 11 117007 0220 10000 0152 3304 11</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery                  4/27/08</p>
<p>1. Article Addressed to:</p> <p>Carol G. Prieb                  405 Barkhausen Lane                  Jonesboro, IL 62952</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" 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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 11 17007 0220 10000 0152 3311 11</p>	
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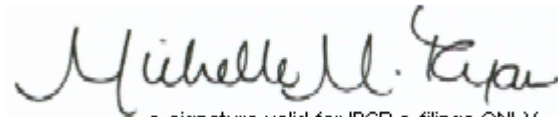
**PROOF OF SERVICE**

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: Carol G. Prieb and Margaret Dillavou  
405 Barkhausen Lane  
Jonesboro, IL 62952

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

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