

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 NORTH GRAND AVENUE EAST, P.O. BOX 19276, SPRINGFIELD, ILLINOIS 62794-9276•(217)782-2829 JAMES R. THOMPSON CENTER, 100 WEST RANDOLPH, SUITE 11-300, CHICAGO, IL 60601•(312)814-6026

PAT QUINN, GOVERNOR

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

JUN 0 3 2013 STATE OF ILLINOIS Pollution Control Board

RECEIVED CLERK'S OFFICE

LISA BONNETT, DIRECTOR

May 30, 2013

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

ACI3-46 ORIGINAL

Re: <u>Illinois Environmental Protection Agency v. Best Kept Lawn, Inc., and David Klauser</u> IEPA File No. 101-13-AC; 0018065004—Adams County

Dear Mr. Therriault:

Please be advised that service was had on Respondents, Best Kept Lawn, Inc. and David Klauser, on May 28, 2013. In order to avoid default, a Petition for Review must be filed with the Illinois Pollution Control Board on or before July 2, 2013.

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

Sincerely,

Michelle M. Ryan Assistant Counsel

Enclosures

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

ADMINISTRATIVE CITATION

)

)

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY,	
Complainant,	
v.	
BEST KEPT LAWN, INC., and DAVID KLAUSER,	
Respondents.	

CLERK'S OFFICE JUN 0 3 2013 AC 346¹²⁰ Office Control Board (IEPA No. 101-13-AC)

RECEIVED

NOTICE OF FILING

To: Best Kept Lawn, Inc. Attn: David G. Klauser P.O. Box 907 Quincy, IL 62306

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 Assistant Counsel

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

Dated: May 30, 2013

THIS FILING SUBMITTED ON RECYCLED PAPER

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete A. Signature tem 4 if Restricted Delivery is desired. Agent Х Print your name and address on the reverse Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 51813 baria Klauser D. Is delivery address different from item 1? Z Yes 1. Article Addressed to: If YES, enter delivery address below: O No Best Kot Lown, Inc. PU Bix 907 Atr: David Klower, President QUINCY IL 62306 3333 Hunter Road 3. Service Type Quincy, IL 62305 Zf Certified Mail Express Mail Registered Return Receipt for Merchandise 🗖 C.O.D. Insured Mall 4. Restricted Delivery? (Extra Fee) C Yes 2. Article Number 7012 0470 0001 2998 5560 (Transfer from service lab PS Form 3811, February 2004 **Domestic Return Receipt** 102595-02-M-1540 SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. Agent Print your name and address on the reverse X so that we can return the card to you. Addressee B. Received by (Printed Name) Attach this card to the back of the mailpiece, C. Date of Delivery or on the front if space permits. David Klausen 5/28/17 D. Is delivery address different from item 1? XYes 1. Article Addressed to: If YES, enter delivery address below: D No David Klanson 10 Box 907 3323 Connorball Rd. Quincy IL 62306 Quincy, IL 62305 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) 7012 0470 0001 2998 5584 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete A. Signat item 4 if Restricted Dellvery Is desired. Agent Print your name and address on the reverse X Addressee so that we can return the card to you. Attach this card to the back of the mailpiece, B. Received by (Printed Name) C. Date of Delivery or on the front if space permits. 5128/17 Mauen D. Is delivery address different from item 1? XYes 1. Article Addressed to: If YES, enter delivery address below: O No Best Kept Lann, Inc 10 Box 907 Attn: David G. Klausar QUINCY IL 62306 5117 Columbus Road 3. Service Type Quivay IL 62305 Certified Mail Express Mail Registered PReturn Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) C Yes 2. Article Number 7012 0470 0001 2998 5577 (Transfer from service label PS Form 3811, February 2004

Domestic Return Receipt



PROOF OF SERVICE

STATE OF ILLINOIS

JUN 0 3 2013

I hereby certify that I did on the 30th day of May 2013, send by U.S. Mail, with postage thereof

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: Best Kept Lawn, Inc. Attn: David G. Klauser P.O. Box 907 Quincy, IL 62306

and the original and nine (9) true and correct copies of the same foregoing instruments on the same date by Certified Mail, Return Receipt Requested, with postage thereon fully prepaid

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

Michelle

Assistant Counsel

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

THIS FILING SUBMITTED ON RECYCLED PAPER