

PLB 14-112

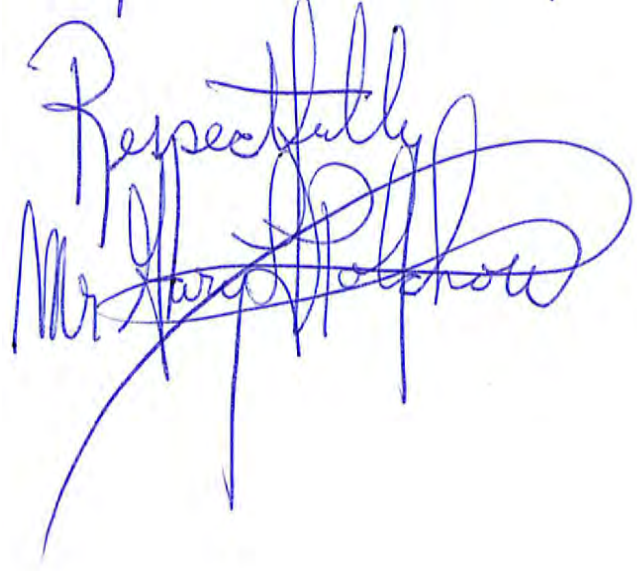
4/28/2014

To Illinois Pollution Control Board  
John T. Theriault Clerk

RECEIVED  
APR 30 2014  
STATE OF ILLINOIS  
Pollution Control Board

 ORIGINAL

I am sending by Certified mail on April 28, 2014. The signed and dated version of the return receipt that was returned to me after service was. Occurred along with additional information on Material Photon

Respectfully  




PCB-14-112  
Land



I



II

PCB-14-112





III  
PCB-14-112





IV  
PCB-14-112



**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:  
*Aaron Warner*  
*116 S. Main St.*  
*RANKIN IL 60960*

2. Article Number  
*(Transfer from service label)*  
 PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
*Aaron Warner*

B. Received by (Printed Name)  
*Aaron Warner*

C. Date of Delivery  
*8-3-14*

D. Is delivery address different from item 1?  Yes  No  
 IF YES, enter delivery address below:  
*P O Box 356*  
*RANKIN IL 60960*

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes  No

7012 1010 0001 4275 4975  
 Domestic Return Receipt

**U.S. Postal Service™  
 CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**RANKIN IL 60960**

Postage	\$	\$1.19	0942
Certified Fee		\$3.30	03 Postmark Here
Return Receipt Fee (Endorsement Required)		\$2.70	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$7.19</b>	<b>02/26/2014</b>

Sent To *Aaron Warner*  
 Street, Apt. No., or PO Box No. *116 S Main St.*  
 City, State, ZIP+4 *RANKIN IL 60960*

PS Form 3800, August 2005 See Reverse for Instructions

7012 1010 0001 4275 4975

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.  
**CERTIFIED MAIL™**



7012 1010 0001 4275 4975  
 7012 1010 0001 4275 4975

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To *Carol Warren*  
 Street, Apt. No., or PO Box No. *116 S. Main St.*  
 City, State, ZIP+4 *Roxboro IL 60960*

PS Form 3800, August 2006 See Reverse for Instructions

**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:  
*Carol Warren*  
*116 S. Main St.*  
*Roxboro IL 60960*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X  Agent  Addressee

B. Received by (Printed Name) 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®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7012 1010 0001 4275 4975**