

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

LISA BONNETT, DIRECTOR

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

May 22, 2013

A C13-44

CLERK'S OFFICE

MAY 2 9 2013

STATE OF ILLINOIS Ollution Control Board

ORIGINAL

John Therriault, 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. Raymond Burns

IEPA File No. 85-13-AC; 1210355026—Marion County

Dear Mr. Therriault:

Please be advised that service was had on Respondent, Raymond Burns, on May 17, 2013. In order to avoid default, a Petition for Review must be filed with the Illinois Pollution Control Board on or before June 21, 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,)	1
Complainant,)	AC 13-44
v.)	(IEPA No. 85-13-AC)
RAYMOND BURNS,)	
Respondent.)	

NOTICE OF FILING

CLERK'S OFFICE
MAY 2 9 2013
STATE OF ILLINOIS
Pollution Control Board

To: Raymond Burns
117 Vine Street
P.O. Box 596
Sandoval, IL 62882

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 22, 2013

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 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:	A. Signature X. Received by (Printed Name) D. Is delivery address different from item 17 Yes If YES, enter delivery address below: 3. Service Type Certified Mail Registered Insured Mail C.O.D.		
Sandouzl, IL 62882			
	4. Restricted Delivery? (Extra Fee)		
2. Article Number 7012 0470 (Transfer from service I:	0001 2998 5461		
PS Form 3811, February 2004 Domestic I	Return Recelpt 102595-02-M-15		

PROOF OF SERVICE

I hereby certify that I did on the 22nd day of May 2013, 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: Raymond Burns

117 Vine Street P.O. Box 596 Sandoval, IL 62882 MAY 2 9 2013
STATE OF ILLINOIS
Pollution Control Board

and the original and nine (9) true and correct copies of the same foregoing instruments on the same date by U.S. mail, 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 M. Ryan Assistant Counsel

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