

BEFORE THE POLLUTION CONTROL BOARD

PERRY BRUCE and SUSAN BRUCE,)
)
 Complainants,)
)
 v.) No. 2015-139
)
 HIGHLAND HILLS SANITARY DISTRICT,)
)
 Respondent.)

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 CLERK'S OFFICE
 MAR 04 2015
 STATE OF ILLINOIS
 Pollution Control Board

PROOF OF SERVICE

I, LAWRENCE A. STEIN, certify that I served the notice and formal complaint on the respondent by placing an accurate copy of it in an envelope, certified mail, return receipt requested, with proper postage prepaid and plainly addressed to Highland Hills Sanitary district, 566 East 13th Place, Lombard, Illinois 60148 on January 15, 2015. A copy of the signed return receipt green card is attached as exhibit A.

Respectfully submitted,

HUCK BOUMA PC

Lawrence A. Stein

Lawrence A. Stein
HUCK BOUMA PC
 1755 South Naperville Road
 Wheaton, Illinois 60189
 Telephone (630) 221-1755
 Facsimile (630) 221-1756
 Attorney No. 6216903

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Kirsten Schoerke 1-20-15</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Highland Hills Sanitary District 566 E. 13th Pl. Lombard, IL 60148</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7012 3460 0001 8729 1713</p>
<p>PS Form 3811, July 2013</p>	<p>Domestic Return Receipt 22262-1</p>

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CERTIFICATE OF MAILING

STATE OF ILLINOIS
Pollution Control Board

I, Linda Koster, state as follows under penalty of perjury this second day of March 2015:

1. I filed this *Proof of Service* by placing it in an envelope with proper postage prepaid and plainly addressed to State of Illinois, Clerk of the Pollution Control Board, James R. Thompson Center, 100 W. Randolph Street, Suite 11-500, Chicago, Illinois 60601.

2. I served this *Proof of Service* by placing accurate copies of it in an envelope with proper postage prepaid and by certified mail, return receipt requested, and plainly addressed to Highland Hills Sanitary District, 566 East 13th Place, Lombard, Illinois 60148.

3. I deposited the envelopes in the United States mail at Wheaton, Illinois on March 2, 2015, before 4:30 p.m.

4. Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.

A handwritten signature in cursive script, reading "Linda Koster", is written over a horizontal line.