

BEFORE THE ENVIRONMENTAL QUALITY COUNCIL
STATE OF WYOMING

In the Matter of the Appeal)
And Petition for Hearing of:)
Croell Redi-Mix, DEQ AQD Permit) Docket No. 10-2803
Application No. AP-9645)
And DEQ AQD Permit No. MD-9645)
Dated March 17, 2010)

DEQ'S MOTION FOR SUMMARY JUDGMENT

EXHIBIT 9

Letter to Crook County Clerk

DEQ Bates Nos. 000041 - 000042



Department of Environmental Quality



To protect, conserve and enhance the quality of Wyoming's environment for the benefit of current and future generations.

Dave Freudenthal, Governor

John Corra, Director

September 25, 2009

CERTIFIED - RETURN RECEIPT REQUESTED

Crook County Clerk
P.O. Box 37
Sundance, WY 82729

Enclosed is a copy of one public notice that we wish to have posted on your bulletin board for a period of thirty (30) days, running from **October 1 through November 2, 2009.**

Also enclosed are related materials to be made available for public inspection upon request. At the end of the thirty days, please dispose of these materials.

Thank you for your assistance in this matter.

Sincerely,

Kimberly M. Metz
NSR Administrative Assistant
Air Quality Division

Enclosure

Herschler Building • 122 West 25th Street • Cheyenne, WY 82002 • <http://deq.state.wy.us>

ADMIN/OUTREACH (307) 777-7937 FAX 777-3610	ABANDONED MINES (307) 777-6145 FAX 777-6462	AIR QUALITY (307) 777-7391 FAX 777-5616	INDUSTRIAL SITING (307) 777-7369 FAX 777-5973	LAND QUALITY (307) 777-7756 FAX 777-5864	SOLID & HAZ. WASTE (307) 777-7752 FAX 777-5973	WATER QUALITY (307) 777-7781 FAX 777-5973
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AQD Croell DN 10-2803
000041

7008 1830 0000 4050 1582

US Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only - No Insurance Coverage Provided

OFFICIAL USE

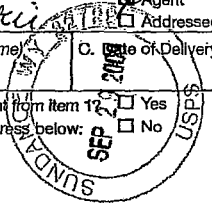
For delivery information visit our website at www.usps.com

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

Sent to
Street, Apt. No.: Crook County
or PO Box No.: AP-91045
City, State, ZIP+4

PS Form 3811, August 2004 See Reverse for Instructions

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 <u>Trudy Meier</u> <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Trudy Meier</u></p> <p>C. Date of Delivery <u>SEP 27 2008</u></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>1. Article Addressed to:</p> <p style="text-align: center;">CROOK COUNTY CLERK P.O. BOX 37 SUNDANCE, WY 82729</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number: <u>AP-91045</u> <u>112</u></p> <p style="text-align: center;">7008 1830 0000 4050 1582</p> <p><small>(Transfer from service label)</small></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>



AQD Croell DN 10-2803 000042