

**ENCAP, INC.**  
**Environmental Consultants and Planners**  
**815-899-1621**

March 9, 2007

Re: Prescribed Burn for Red Wing View Naturalized Areas

Dear Resident:

This letter is to inform you that ENCAP, Inc. will be performing a prescribed burn for Red Wing View. The purpose of the burn is to control non-native vegetation and to promote the development of the native vegetation by mimicking pre-settlement fire regimes. Because of the sensitive nature of controlled burning, weather conditions play a vital role in the planning of an event. To promote safety to personnel and private property ENCAP Inc. will not conduct a burn unless conditions are optimal for the specific area to be burned. Periodically events must be cancelled due to weather or re scheduled for the following spring or fall burn season.

ENCAP, Inc. has obtained an Illinois Environmental Protection Agency Open Burn Permit and approval from the local Fire Department for the scheduled burn. ENCAP, Inc. employees are trained in wildland fire fighting and prescribed burn tactics. ENCAP, Inc. is also fully equipped with fire fighting tools and safety equipment.

The burn is scheduled to occur between March and May depending on weather conditions. The burn will be completed in approximately 10 hours. A 24-hour advance notice will be given to the local Police and Fire Departments prior to the burn.

If you have any health related problems that may be effected by smoke, or know of a neighbor who may have a health concern or have any questions regarding this information please do not hesitate to call me at 815-899-1621.

Sincerely,

Chip DeAngelo  
Native Landscape Specialist

LOCATION OF BURN: Redwing View \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER:

DAY \_\_\_\_\_ EVENING \_\_\_\_\_

PLEASE CALL ME ON THE DAY OF THE BURN: \_\_\_\_\_ YES \_\_\_\_\_ NO

(Due to the changing weather conditions, only several hours notice may be possible. If you need to be contacted, you will need to supply a weekend/evening phone number.)

I HAVE A SPECIFIC MEDICAL CONDITION THAT MAY BE AGGRAVATED BY SMOKE. PLEASE CONTACT ME REGARDING THIS CONDITION \_\_\_\_\_ YES \_\_\_\_\_ NO

PLEASE CONTACT ME. I HAVE OTHER CONCERNS I WOULD LIKE TO DISCUSS WITH THE BURN CONSULTANTS. \_\_\_\_\_ YES \_\_\_\_\_ NO

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

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Please return to:

ENCAP, Inc.  
1709 Afton Road  
Sycamore, IL 60178