

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:

Richard Chalpin, Regional Dir.
MA DEP
Northeast Regional Office
205B Lowell Street
Wilmington, MA 01887

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

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

RECEIVED**3. Service Type**☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect**4. Restricted Delivery (Extra Fee)**☐ Yes

Domestic Return Receipt

CWA-01-2009-0077 102595-02-M-1540

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

Judy Lao-Ruiz
Acting, Regional Hearing Clerk
US EPA - Region 1
5 Post Office Square - Suite 100
Mail Code: ORA18-1
Boston, MA 02109