

UNITED STATES POSTAL SERVICE



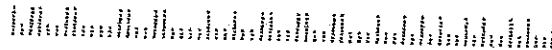
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

La Dawn Whitehead
Regional Hearing Clerk (E-19)
U.S. EPA - Region 5
77 West Jackson Blvd
Chicago, Illinois 60604

RECEIVED
AUG 13 2012
REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL
PROTECTION AGENCY

RORA 05 2011 0009 - CIS

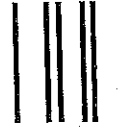


File Name RORA 05 2011 0009 cpc ~~MD~~ 8/13/12 Pdf 120

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. Received by (Please Print Clearly) <i>J Lipscomb</i> B. Date of Delivery <i>8/13</i></p>
<p>1. Article Addressed to:</p> <p>Keven D. Eiber, Esquire Meagan L. DeJohn, Esquire Brouse McDowell 600 Superior Avenue, Suite 1600 Cleveland, Ohio 44114-2603</p> <p><i>Transcript Confirmation (CIS)</i></p>	<p>C. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</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>RECEIVED AUG 13 2012</p>
<p>2. Article Number (Transfer from service label) 7001 0320 0006 0187 9875</p>	<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, March 2001</p>	<p>Domestic Return Receipt RORA 05 2011 0009</p> <p>102595-01-M-1424</p>

(1)

UNITED STATES POSTAL SERVICE



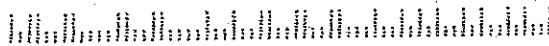
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PROTECTION AGENCY

RCRA 05 2011 0009 - CIS



File name: RCRA 05 2011 0009 RCRA KE 8/13/12. PDF

121

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:

Keven D. Eiber, Esquire
Meagan L. DeJohn, Attorney
Brouse McDowell
600 Superior Avenue, East, Suite 1600
Cleveland, OH 44114-2603

Transcript Confirmation (CIS)

2. Article Number
(Transfer from service label)

7001 0320 0006 0187 9899

PS Form 3811, March 2001

Domestic Return Receipt

RCRA 05 2011 0009

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

J Lipson
C. Signature

X [Signature] Agent Addressee

D. Is delivery address different from item 1? Yes No
If Yes, enter delivery address below:

DECEIVE
AUG 13 2012

3. Special Services
 Certified Mail Registered Mail Insured Mail C.O.D.
REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL
PROTECTION AGENCY

4. Restricted Delivery? (Extra Fee) Yes

(2)