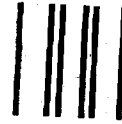


Las Delicias Community  
SDWA 08-(07)

UNITED STATES POSTAL SERVICE

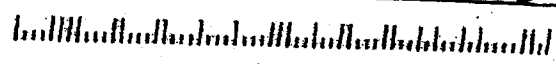


First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

Karen Maples  
Regional Hearing Clerk  
USEPA - Region II  
290 Broadway 16<sup>th</sup> Fl.  
New York, New York 10007-1866

Initial Decision SDWA-02-2003-8265



**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:

Iris Reyes  
Las Delicias Community  
HC 01 Buzon 5715  
Ciales, Puerto Rico 00638-9622

**COMPLETE THIS SECTION ON DELIVERY**

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

*Jose Rosendo* 10/1/08

C. Signature  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service) 7005 3110 0000 5971 3297