

City of Wilkes-Barre; A.R. Pepple Inc + Wyoming S+P, Inc
Docket No. CAA-03-2005-0053

RECEIVED
U.S. E.P.A.

Initial Decision 11/14/06 Judge Nissen

2006 NOV 30 PM 1:37

ENVIR. APPEALS BOARD

Certified Mail Return Receipts

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 X <i>C. Schobert</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>C. Schobert</i> C. Date of Delivery <i>11/20/06</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: Karl J. Kwak, Esquire Cefalo & Associates Century House 309 Wyoming Avenue West Pittston, PA 18643</p>	<p>3. Service Type <input checked="" 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"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <i>7099 3400 0011 3931 7090</i></p>	

PS Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-P-4081

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:

Timothy J. Henry, Esquire
 Wilkes-Barre City Hall
 40 East Market Street
 Wilkes-Barre, PA 18711

2. Article Number

(Transfer from service label)

7099 3400 0011 3931 6918

PS Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-P-4081

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Over Moore*

- Agent
 Addressee

B. Received by (Printed Name)

Over Moore

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

- Yes
 No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

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:

Bruce S. Postupak, President
 Wyoming S & P, Inc.
 P.O. Box 2222
 Wilkes-Barre, PA 18703

2. Article Number

(Transfer from service label)

7099 3400 0011 3931 6901

PS Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-P-4081

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Bruce S. Postupak*

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

- Yes
 No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

City of Wilkes-Barre, Pa

CAA-03-2005-0053

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 <input checked="" type="checkbox"/> <i>Anne Langan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Joel M. Wolff, Esquire Elliot Greenleaf & Siedzikowski 201 Pennsylvania Ave, Suite 202 Scranton, PA 18501 18503</p>	<p>B. Received by (Printed Name) ANNE LANGAN</p>	<p>C. Date of Delivery 11/22/06</p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type <input checked="" 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"/> C.O.D.</p>		
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		
<p>2. Article Number (Transfer from service label) 7099 3406 0011 3931 7113</p>		
PS Form 3811, August 2001	Domestic Return Receipt	2ACPRI-03-P-4081

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 <input checked="" type="checkbox"/> <i>Anne Langan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Joel M. Wolff, Esquire Elliott Greenleaf & Siedzikowski 201 Penn Avenue, Suite 202 P.O. Box 69 Scranton, PA 18501 18503</p>	<p>B. Received by (Printed Name) ANNE LANGAN</p>	<p>C. Date of Delivery 11/22/06</p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type <input checked="" 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"/> C.O.D.</p>		
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		
<p>2. Article Number (Transfer from service label) 7003 1680 0006 5216 8331</p>		
PS Form 3811, August 2001	Domestic Return Receipt	2ACPRI-03-P-4081