

UNITED STATES POSTAL SERVICE

IL 604

29 APR '15

PM 11



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

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

Regional Hearing Clerk (E-19J)
U.S. EPA
77 W. Jackson Blvd.
Chicago, Illinois 60604

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only) (Coverage Provided)

For delivery information visit our website at www.usps.com

LaDawn Whitehead E-19J E

Postage	\$ 740
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 740

Postmark Here

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 of this card to the back of the mailpiece, the front if space permits.

Addressed to:

Mr. Lou Filosa
Effluent Technology, Inc.
21123 Prestancia Dr.
Mokena, Illinois 60448

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) MOKENA ILLINOIS
 C. Date of Delivery JUN 15 2015
 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

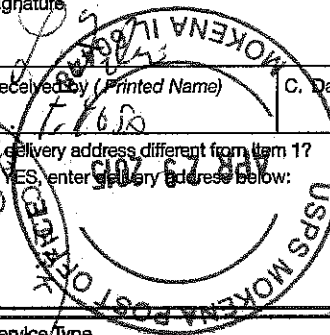
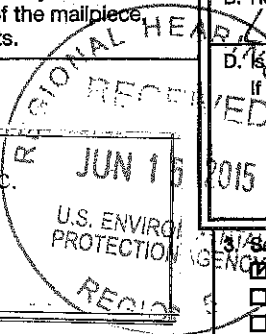
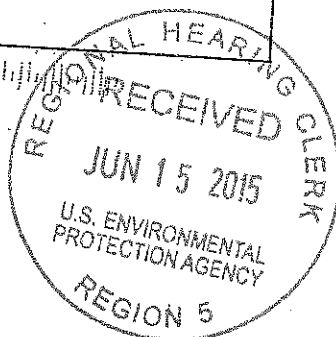
TSCA-05-2015-0007

2. Article Number (Transfer from service label) 7011 1150 0000 2643 8432

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



2643 8432 0000 1150 7011