

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. Ar
(//)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature] Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

OCT 27 2009

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

3. Service Type

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

Yes

Domestic Return Receipt

CWA-01-2009-0017

102595-02-M-1540

UNITED STATES POSTAL SERVICE

DELIVER EX-ESS

MA 018 4 1

22 OCT 2009 PM

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
 Acting, Regional Hearing Clerk
 US EPA Region 1
 1 Congress Street, Suite 1100 (RAA)
 Boston, MA 02114

[Handwritten Signature]