

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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 **RCRA-05-2018-0007**

Mr. Dennis Hatfield  
 Regulatory Manager  
 Columbus Chemical Industries  
 N4335 Temkin Road  
 Columbus, WI 53925



9590 9402 2618 6336 2976 83

2. Article Number (Transfer from service label)

**701515200002 4890 2255**

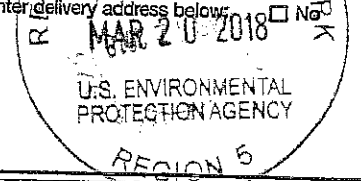
PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Bridget MacFarlane*  Agent  Address

B. Received by (Printed Name) *Bridget MacFarlane* C. Date of Delivery *MAR 20 2018*

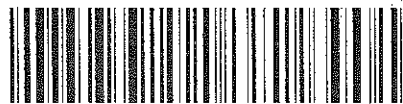
D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below



3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#

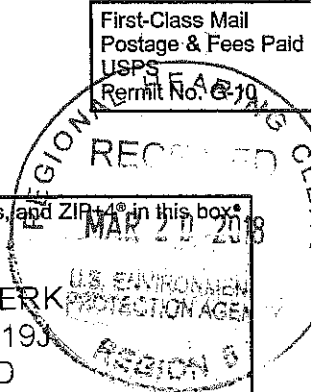


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United States Postal Service

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

LADAWN WHITEHEAD  
 REGIONAL HEARING CLERK  
 U.S. EPA - REGION 5 - E19J  
 77 WEST JACKSON BLVD  
 CHICAGO, IL 60604



RCRA-05-2018-0007