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**OFFICIAL USE**

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restrict (Endor):	Mr. Karl Mueldener	
Total	Kansas Department of Health and Environment Bureau of Water	
Sent To:	1000 SW Jackson Street, Suite 420	
Street, or P.O.:	Topeka, Kansas 66612-1367	
City, State, ZIP+4		

PS Form 3800, June 2002 See Reverse for Instructions

**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:  
 CWA-07-2006-0241  
 Scherer

Mr. Karl Mueldener  
 Kansas Department of Health and Environment  
 Bureau of Water  
 1000 SW Jackson Street, Suite 420  
 Topeka, Kansas 66612-1367

**COMPLETE THIS SECTION ON DELIVERY**

Signature  
*John Q. Perkins*

B. Received by (Printed Name) C. Date of Delivery

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

OCT 20 2006

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  
 (Transfer from service label)

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