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Attorney: Ellen C-Vaughan

SD WA-06-2012-1215

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> for Tommie Grice <input checked="" type="checkbox"/> Shannon Corley <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  Mr. Denzil Sumrall Goodwill Water System 235 Grice Road Oak Grove, LA 71263	B. Received by (Printed Name) Shannon Corley	C. Date of Delivery 1-14-12
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
102595-02-M-1540	7010 2780 0002 4356 9646	