



**U. S. ENVIRONMENTAL PROTECTION AGENCY  
REGION 1 - NEW ENGLAND**

5 Post Office Square, Suite 100 (OES 04-3)  
Boston, MA 02109-3912

OFFICE OF  
ENVIRONMENTAL STEWARDSHIP

HUGH W. MARTINEZ  
direct: (617) 918-1867

BY HAND

May 12, 2011

Wanda I. Santiago, Regional Hearing Clerk  
EPA Region 1 - New England  
5 Post Office Square, Suite 100 (ORA 18-1)  
Boston, MA 02109-3912

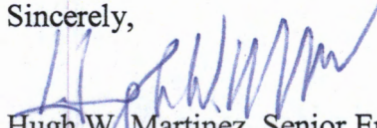
Re: *In Re: Atlas Property Management, Inc. et al., TSCA-01-2011-0026 – Proof of Service*

Dear Ms. Santiago:

Pursuant to 40 C.F.R. § 22.5(b)(1)(i), please find enclosed for filing the original and one copy of the "green cards" indicating service of the Complaint on the Respondents in the above-entitled matter. Also enclosed are the original and one copy of a Certificate of Service documenting that, on this date, a copy of this filing was mailed to Respondents, in the manner indicated.

Thank you for your assistance in this matter.

Sincerely,

  
Hugh W. Martinez, Senior Enforcement Counsel  
Regulatory Legal Office  
EPA Region 1

Enclosures

cc: Carl Lindley, Jr., as counsel for Atlas Property Management, 224-224A Washington Street, and Ilya M. Shnyder, Individually

Yevgeniy D. Rozenberg, Resident Agent, Archgate Townhouses, LLC

Greg Virgilio, Resident Agent, Adar Investments, LLC

THE UNIVERSITY OF CHICAGO  
DIVISION OF THE PHYSICAL SCIENCES  
DEPARTMENT OF CHEMISTRY  
5708 SOUTH CAMPUS DRIVE, CHICAGO, ILLINOIS 60637

CERTIFICATE OF SERVICE

I hereby certify that the foregoing cover letter to the Regional Hearing Clerk and accompanying "Green Cards" have been provided to the following persons on the date and in the manner noted below:

Original and one copy,  
hand-delivered:

Wanda I. Santiago, Regional Hearing Clerk  
U.S. EPA, Region 1  
5 Post Office Square  
Suite 100 (Mail Code ORA 18-1)  
Boston, MA 02109-3912

One copy, by Overnight Delivery:

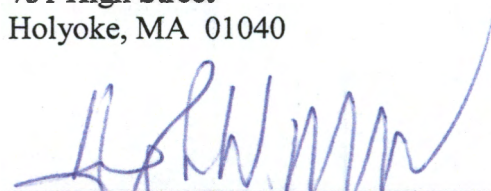
Carl Lindley, Jr. Esquire  
Law Office Carl Lindley  
220 Linden Street  
Holyoke, MA 01040

Archgate Townhouses, LLC  
Yevgeniy D. Rozenberg, Resident Agent  
35 Parsons Drive  
Swampscott, MA 01907

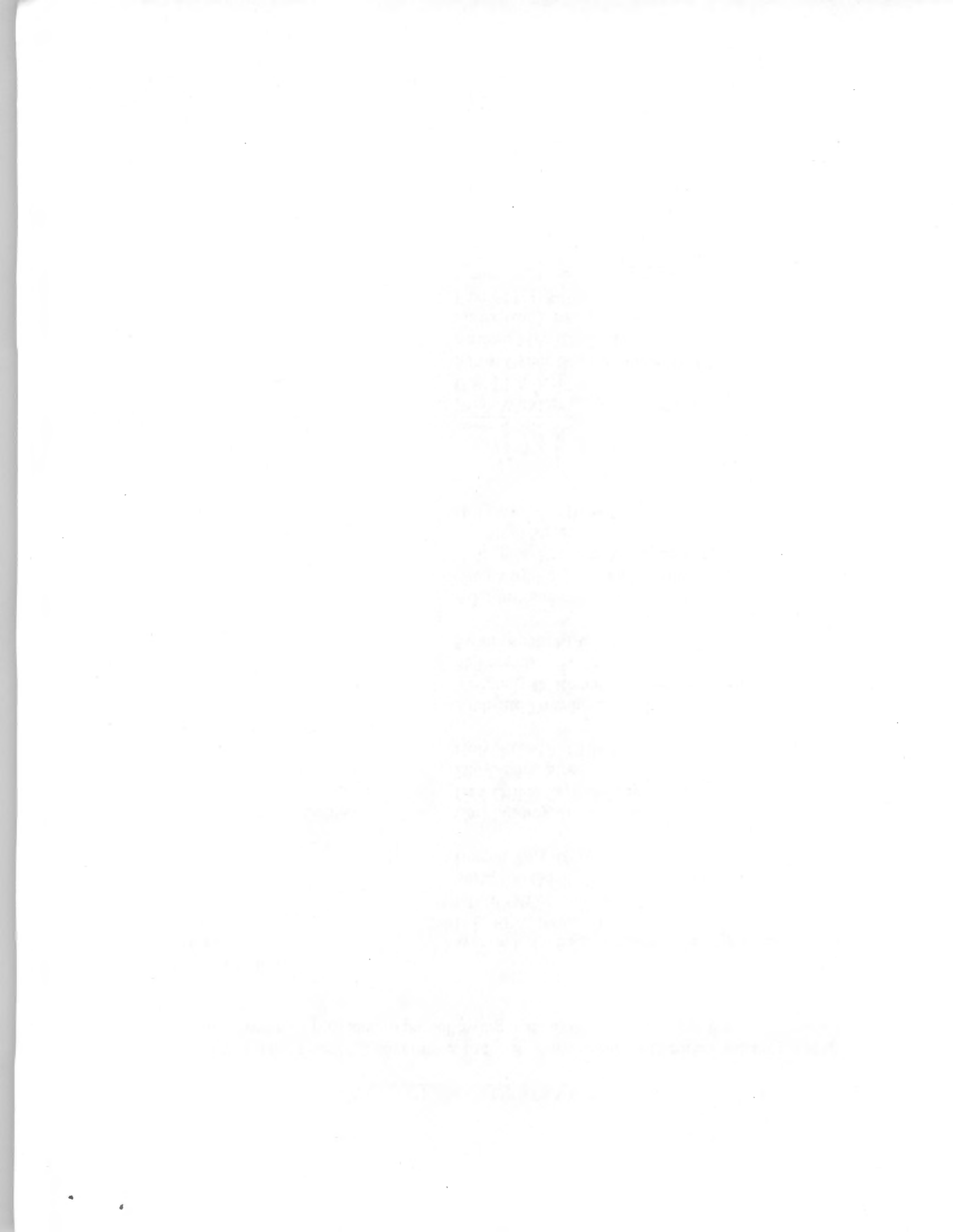
Adar Investments, LLC  
Greg Virgilio, Resident Agent  
% Virgilio Property Management, Inc.  
731 High Street  
Holyoke, MA 01040

Date:

5-12-11



Hugh W. Martinez, Senior Enforcement Counsel  
U.S. EPA, Region 1  
5 Post Office Square, Suite 100 (OES 04-3)  
Boston, MA 02109-3912  
Phone (dir.): 617-918-1867  
Fax: 617-918-0867  
E-mail: [martinez.hugh@epa.gov](mailto:martinez.hugh@epa.gov)



**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:

Greg Virgilio, Resident Agent  
Adar Investments, LLC  
c/o Virgilio Property Management, Inc.  
731 High Street  
Holyoke, MA 01040

2. Article Number  
(Transfer from service label)

7009 2820 0002 4911 0355

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
x *Eleana Rivera*  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Eleana Rivera* *5/4/11*

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

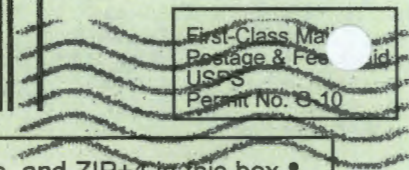
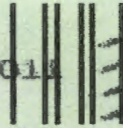
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE

SPRINGFIELD MA 011

04 MAY 2011 PM 4 1

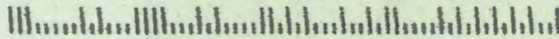


First-Class Mail  
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USPS  
Permit No. 810

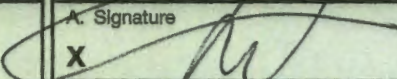
• Sender: Please print your name, address, and ZIP+4 in this box •

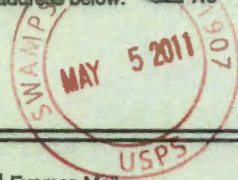
Hugh Martinez OES04-3  
U.S. EPA - Region 1  
5 Post Office Square, Suite 100  
Boston, MA 02109-3912

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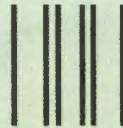




SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> X  <div style="float: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee         </div>	
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">             Yevgeniy D. Rozenberg, Resident Agent              Archgate Townhouses, LLC              35 Parsons Drive              Swampscott, MA 01907           </div>	B. Received by (Printed Name) Yevgeniy Rozenberg	C. Date of Delivery 5/5/11
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.  4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7009 2820 0002 4911 0379		



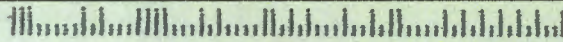
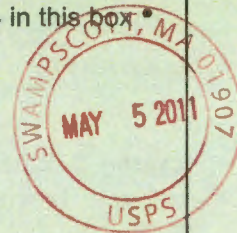
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USPS  
Permit No. G-10

4-3  
• Sender: Please print your name, address, and ZIP+4 in this box.

Hugh Martinez OES04-3  
U.S. EPA - Region 1  
5 Post Office Square, Suite 100  
Boston, MA 02109-3912





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- 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:

Ilya M. Shnyder, President  
Atlas Property Management, Inc.  
220 Linden Street  
Holyoke, MA 01040

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X 

- Agent  
 Addressee

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

3. Service Type

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

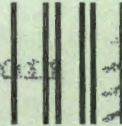
4. Restricted Delivery? (*Extra Fee*)

Yes

2.  Number  
(Transfer from service label)

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SPRINGFIELD MA 011



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U.S. EPA - Region 1  
5 Post Office Square, Suite 100  
Boston, MA 02109-3912

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- 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:

Ilya M. Shnayder, President  
224-224A Washington Street, Inc.  
220 Linden Street  
Holyoke, MA 01040

2. PS Form Number  
(Transfer from service label)

7009 2820 0002 4911 0362

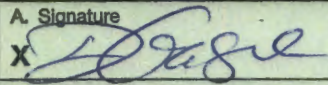
PS Form 3811, February 2004

Domestic Return Receipt

102265-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X 

- Agent  
 Addressee

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

3. Service Type

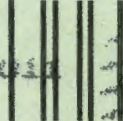
- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



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SPRINGFIELD MA 01101



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USPS  
Permit No. 610

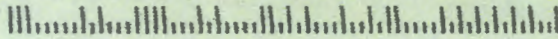
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• Sender: Please print your name, address, and ZIP+4 in this box •

Hugh Martinez OES04-3  
U.S. EPA - Region 1  
5 Post Office Square, Suite 100  
Boston, MA 02109-3912

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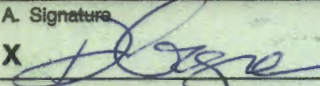
**SENDER: COMPLETE THIS SECTION**

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- 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:

Ilya M. Shnayder, Individually  
1220A Linden Street  
Holyoke, MA 01040

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  
 Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. ZIP Code Number  
(Transfer from service label)

7009 2820 0002 4911 0386



UNITED STATES POSTAL SERVICE

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04 MAY 2011 PM 2 T

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