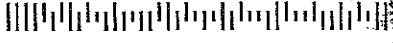


SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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. 
 Laretta Scott
 DCO/RCRA - 6EN
 USEPA Region 6
 1445 Ross Avenue
 Dallas TX 75202

A. Signature Agent
 Address

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

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

RECEIVED
 NOV 06 2017
 NOV 16 2017
 REGIONAL HEARING CLERK
 U.S. ENVIRONMENTAL PROTECTION AGENCY

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)

7009 1680 0000 7662 7030

PS Form 3811, February 2004

Domestic Return Receipt


102595-02-M-1

UNITED STATES POSTAL SERVICE
 TEXAS
 DALLAS 75001
 07 NOV '17
 5161



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

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


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

RECEIVED
 REGIONAL HEARING CLERK
 NOV 16 2017
 U.S. ENVIRONMENTAL PROTECTION AGENCY
 REGION 5