

FILED

2/15/2024

9:00AM

U.S. EPA REGION 8  
HEARING CLERK

SDWA-08-2024-0004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3.</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"/> <i>Sarah Daniel</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>NANCY B LOWE 3510 MONDAY STREET RD PO BOX 229 THAYNE, WY 83127</i> <i>6/01/23/24</i>	B. Received by (Printed Name) <i>Sarah Daniel</i>	C. Date of Delivery <i>1/30/24</i>
2. Article Number (Transfer from service label) <i>7012 2210 0000 5372 2228</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery	

USPS TRACKING #



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

9590 9402 5036 9092 7940 55

United States  
Postal Service

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

Kate Tribbett  
Regional Hearing Clerk  
ORC-10  
1595 Wynkoop St  
Denver CO 80202-1129

