



# GeoInsight®

Environmental Strategy & Engineering  
*Practical in Nature*

September 24, 2009

GeoInsight Project 2009-010

Andrew Hoffman, P.E.  
Waste Management Division  
New Hampshire Department of Environmental Services  
P.O. Box 95  
29 Hazen Drive  
Concord, New Hampshire 03302-0095

RE: Documentation of Notification of Groundwater Management Permit  
Dover Municipal Landfill Superfund Site  
Tolend Road  
Dover, New Hampshire  
NHDES Site #198803019

Dear Mr. Hoffman:

GeoInsight, Inc. (GeoInsight), at the request of the Group of Work Settling Defendants, is providing the New Hampshire Department of Environmental Services with documentation of notification of the Groundwater Management Permit to owners of lots of record within the Groundwater Management Zone (GMZ) established for the Dover Municipal Landfill Superfund Site located on Tolend Road in Dover, New Hampshire. Copies of the notices delivered to residents located in the GMZ via certified mail and certified mail return receipts are attached. Please note that delivery of the notification, via certified mail, to Frederick & Shawn Sliwinski at 22 Glen Hill Road was confirmed on July 28, 2009; however, the signed return receipt was not received by the City. On August 7, 2009, the City sent a second notification via certified mail and after three attempted deliveries and 30 days unclaimed, the notification was returned to the City (see the attached delivery documentation).

Contact us at (978) 692-1114 if you have questions regarding these notifications.

Sincerely,  
GEOINSIGHT INC.

Joel J. Trifilo, P.G., L.S.P.  
Senior Geologist

Michael J. Webster, P.G., L.S.P.  
Regional Manager

Enclosures

cc: Dean Peschel, Environmental Projects Manager, City of Dover

Joel Trifilo

Digitally signed by Joel Trifilo  
DN: cn=Joel Trifilo, o=US, ou=GeoInsight Inc., email=jtrifilo@geoinc.com  
Reason: I am approving this document  
Date: 2009.09.24 15:24:00 -0400

GeoInsight, Inc.  
25 Sundial Ave., Suite 515 West  
Manchester, NH 03103-7244  
Tel (603) 314-0820  
Fax (603) 314-0821  
www.geoinsightinc.com

GeoInsight, Inc.  
5 Lan Drive, Suite 200  
Westford, MA 01886-3538  
Tel (978) 692-1114  
Fax (978) 692-1115

GeoInsight, Inc.  
Corporate Ten Center  
1781 Highland Ave., Suite 207  
Cheshire, CT 06410-1254  
Tel (203) 271-8036  
Fax (203) 271-8038

DOUGLAS W. STEELE II  
Director  
d.steele@ci.dover.nh.us



288 Central Avenue  
Dover, New Hampshire 03820-4169  
(603) 516-6450  
Fax: (603) 516-6463  
www.ci.dover.nh.us

July 27, 2009

## City of Dover, New Hampshire

COMMUNITY SERVICES DEPARTMENT

Arthur B. Corte, Trustee  
81 Glen Hill Road  
Dover, NH 03820

**RE: NOTICE OF GROUNDWATER MANAGEMENT PERMIT**  
**No. GWP-198803019-D-001**  
Dover Municipal Landfill  
Tolend Road  
Dover, New Hampshire  
NHDES Site #198803019, Project # 1781

Dear Arthur B. Corte:

The City of Dover and the Group of Work Settling Defendants (the Group) for the Dover Municipal Landfill Superfund Site (the Landfill) prepared this letter to notify you of the Groundwater Management Permit (GMP) for the Landfill recently issued by the New Hampshire Department of Environmental Services (NHDES). The GMP was established to encompass areas of impacted ground water near the Landfill. The GMP establishes requirements for monitoring ground water and surface water conditions within the area of historical ground water impacts. These monitoring activities will be conducted by the Group.

The GMP was issued pursuant to New Hampshire Code of Administrative Rules PART Env-Or 607 Groundwater Management Permits on March 19, 2009 and has an expiration date of March 18, 2014. Pursuant to Env-Or 607, this Notice affects your property identified as the City of Dover, C, C-21R and C, C-21T.

The Groundwater Management Zone (GMZ) described in the GMP encompasses your property as identified on the above-referenced municipal Map and Lot. The GMZ is more fully described in the GMP that is available for review by appointment at the NHDES offices located at 29 Hazen Drive, Concord, New Hampshire or at the City of Dover Clerk's office. If you have questions regarding this letter, please contact me at (603) 516-6094.

Sincerely,

Dean Peschel  
Environmental Project Manager

cc: GMP Coordinator, NHDES



DOUGLAS W. STEELE II  
Director  
d.steele@ci.dover.nh.us



288 Central Avenue  
Dover, New Hampshire 03820-4169  
(603) 516-6450  
Fax: (603) 516-6463  
www.ci.dover.nh.us

July 27, 2009

## City of Dover, New Hampshire

Frederick P. Sliwinski      COMMUNITY SERVICES DEPARTMENT  
Shawn M. Carter-Sliwinski  
22 Glen Hill Road  
Dover, NH 03820

**RE:    NOTICE OF GROUNDWATER MANAGEMENT PERMIT**  
**No. GWP-198803019-D-001**  
Dover Municipal Landfill  
Tolend Road  
Dover, New Hampshire  
NHDES Site #198803019, Project # 1781

Dear Frederick & Shawn Sliwinski:

The City of Dover and the Group of Work Settling Defendants (the Group) for the Dover Municipal Landfill Superfund Site (the Landfill) prepared this letter to notify you of the Groundwater Management Permit (GMP) for the Landfill recently issued by the New Hampshire Department of Environmental Services (NHDES). The GMP was established to encompass areas of impacted ground water near the Landfill. The GMP establishes requirements for monitoring ground water and surface water conditions within the area of historical ground water impacts. These monitoring activities will be conducted by the Group.

The GMP was issued pursuant to New Hampshire Code of Administrative Rules PART Env-Or 607 Groundwater Management Permits on March 19, 2009 and has an expiration date of March 18, 2014. Pursuant to Env-Or 607, this Notice affects your property identified as the City of Dover, C, C-23A.

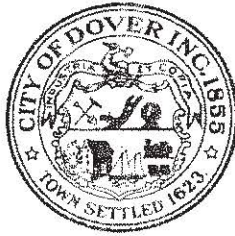
The Groundwater Management Zone (GMZ) described in the GMP encompasses your property as identified on the above-referenced municipal Map and Lot. The GMZ is more fully described in the GMP that is available for review by appointment at the NHDES offices located at 29 Hazen Drive, Concord, New Hampshire or at the City of Dover Clerk's office. If you have questions regarding this letter, please contact me at (603) 516-6094.

Sincerely,

Dean Peschel  
Environmental Project Manager

cc:      GMP Coordinator, NHDES

DOUGLAS W. STEELE II  
Director  
d.steele@ci.dover.nh.us



288 Central Avenue  
Dover, New Hampshire 03820-4169  
(603) 516-6450  
Fax: (603) 516-6463  
www.ci.dover.nh.us

July 27, 2009

## City of Dover, New Hampshire

Richard E. Lemire  
16 Glen Hill Road  
Dover, NH 03820

COMMUNITY SERVICES DEPARTMENT

**RE: NOTICE OF GROUNDWATER MANAGEMENT PERMIT**  
**No. GWP-198803019-D-001**  
Dover Municipal Landfill  
Tolend Road  
Dover, New Hampshire  
NHDES Site #198803019, Project # 1781

Dear Mr. Lemire:

The City of Dover and the Group of Work Settling Defendants (the Group) for the Dover Municipal Landfill Superfund Site (the Landfill) prepared this letter to notify you of the Groundwater Management Permit (GMP) for the Landfill recently issued by the New Hampshire Department of Environmental Services (NHDES). The GMP was established to encompass areas of impacted ground water near the Landfill. The GMP establishes requirements for monitoring ground water and surface water conditions within the area of historical ground water impacts. These monitoring activities will be conducted by the Group.

The GMP was issued pursuant to New Hampshire Code of Administrative Rules PART Env-Or 607 Groundwater Management Permits on March 19, 2009 and has an expiration date of March 18, 2014. Pursuant to Env-Or 607, this Notice affects your property identified as the City of Dover, C, C-23B.

The Groundwater Management Zone (GMZ) described in the GMP encompasses your property as identified on the above-referenced municipal Map and Lot. The GMZ is more fully described in the GMP that is available for review by appointment at the NHDES offices located at 29 Hazen Drive, Concord, New Hampshire or at the City of Dover Clerk's office. If you have questions regarding this letter, please contact me at (603) 516-6094.

Sincerely,

Dean Peschel  
Environmental Project Manager

cc: GMP Coordinator, NHDES

DOUGLAS W. STEELE II  
Director  
d.steele@ci.dover.nh.us



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Dover, New Hampshire 03820-4169  
(603) 516-6450  
Fax: (603) 516-6463  
www.ci.dover.nh.us

July 27, 2009

## City of Dover, New Hampshire

Lisa S. Martin  
19 Glen Hill Road  
Dover, NH 03820

COMMUNITY SERVICES DEPARTMENT

**RE: NOTICE OF GROUNDWATER MANAGEMENT PERMIT**  
**No. GWP-198803019-D-001**  
Dover Municipal Landfill  
Tolend Road  
Dover, New Hampshire  
NHDES Site #198803019, Project # 1781

Dear Lisa S. Martin:

The City of Dover and the Group of Work Settling Defendants (the Group) for the Dover Municipal Landfill Superfund Site (the Landfill) prepared this letter to notify you of the Groundwater Management Permit (GMP) for the Landfill recently issued by the New Hampshire Department of Environmental Services (NHDES). The GMP was established to encompass areas of impacted ground water near the Landfill. The GMP establishes requirements for monitoring ground water and surface water conditions within the area of historical ground water impacts. These monitoring activities will be conducted by the Group.

The GMP was issued pursuant to New Hampshire Code of Administrative Rules PART Env-Or 607 Groundwater Management Permits on March 19, 2009 and has an expiration date of March 18, 2014. Pursuant to Env-Or 607, this Notice affects your property identified as the City of Dover, C, C-21Q.

The Groundwater Management Zone (GMZ) described in the GMP encompasses your property as identified on the above-referenced municipal Map and Lot. The GMZ is more fully described in the GMP that is available for review by appointment at the NHDES offices located at 29 Hazen Drive, Concord, New Hampshire or at the City of Dover Clerk's office. If you have questions regarding this letter, please contact me at (603) 516-6094.

Sincerely,

Dean Peschel  
Environmental Project Manager

cc: GMP Coordinator, NHDES



DOUGLAS W. STEELE II  
Director  
d.steele@ci.dover.nh.us



288 Central Avenue  
Dover, New Hampshire 03820-4169  
(603) 516-6450  
Fax: (603) 516-6463  
www.ci.dover.nh.us

July 27, 2009

## City of Dover, New Hampshire

City of Dover  
288 Central Avenue  
Dover, NH 03820

COMMUNITY SERVICES DEPARTMENT

**RE: NOTICE OF GROUNDWATER MANAGEMENT PERMIT**  
**No. GWP-198803019-D-001**  
Dover Municipal Landfill  
Tolend Road  
Dover, New Hampshire  
NHDES Site #198803019, Project # 1781

Dear City of Dover:

The City of Dover and the Group of Work Settling Defendants (the Group) for the Dover Municipal Landfill Superfund Site (the Landfill) prepared this letter to notify you of the Groundwater Management Permit (GMP) for the Landfill recently issued by the New Hampshire Department of Environmental Services (NHDES). The GMP was established to encompass areas of impacted ground water near the Landfill. The GMP establishes requirements for monitoring ground water and surface water conditions within the area of historical ground water impacts. These monitoring activities will be conducted by the Group.

The GMP was issued pursuant to New Hampshire Code of Administrative Rules PART Env-Or 607 Groundwater Management Permits on March 19, 2009 and has an expiration date of March 18, 2014. Pursuant to Env-Or 607, this Notice affects your property identified as the City of Dover, C, C-21; C, C-28A; C, C-6; C, C-8; C, C-9; C, C-22; C, C-24; C, C-25; C, C-27; I-32 and I-45.

The Groundwater Management Zone (GMZ) described in the GMP encompasses your property as identified on the above-referenced municipal Map and Lot. The GMZ is more fully described in the GMP that is available for review by appointment at the NHDES offices located at 29 Hazen Drive, Concord, New Hampshire or at the City of Dover Clerk's office. If you have questions regarding this letter, please contact me at (603) 516-6094.

Sincerely,

Dean Peschel  
Environmental Project Manager

cc: GMP Coordinator, NHDES

DOUGLAS W. STEELE II  
Director  
d.steele@ci.dover.nh.us



288 Central Avenue  
Dover, New Hampshire 03820-4169  
(603) 516-6450  
Fax: (603) 516-6463  
www.ci.dover.nh.us

August 7, 2009

## City of Dover, New Hampshire

COMMUNITY SERVICES DEPARTMENT

James Webber  
538 Tolend Road  
Dover, NH 03820

**RE: NOTICE OF GROUNDWATER MANAGEMENT PERMIT**  
**No. GWP-198803019-D-001**  
Dover Municipal Landfill  
Tolend Road  
Dover, New Hampshire  
NHDES Site #198803019, Project # 1781

Dear Mr. Webber:

The City of Dover and the Group of Work Settling Defendants (the Group) for the Dover Municipal Landfill Superfund Site (the Landfill) prepared this letter to notify you of the Groundwater Management Permit (GMP) for the Landfill recently issued by the New Hampshire Department of Environmental Services (NHDES). The GMP was established to encompass areas of impacted ground water near the Landfill. The GMP establishes requirements for monitoring ground water and surface water conditions within the area of historical ground water impacts. These monitoring activities will be conducted by the Group.

The GMP was issued pursuant to New Hampshire Code of Administrative Rules PART Env-Or 607 Groundwater Management Permits on March 19, 2009 and has an expiration date of March 18, 2014. Pursuant to Env-Or 607, this Notice affects your property identified as the City of Dover, Tax Map C, Lot C-28-0.

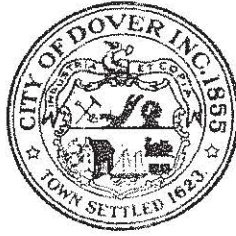
The Groundwater Management Zone (GMZ) described in the GMP encompasses your property as identified on the above-referenced municipal Map and Lot. The GMZ is more fully described in the GMP that is available for review by appointment at the NHDES offices located at 29 Hazen Drive, Concord, New Hampshire or at the City of Dover Clerk's office. If you have questions regarding this letter, please contact me at (603) 516-6094.

Sincerely,

Dean Peschel  
Environmental Project Manager

cc: GMP Coordinator, NHDES

DOUGLAS W. STEELE II  
Director  
d.steele@ci.dover.nh.us



288 Central Avenue  
Dover, New Hampshire 03820-4169  
(603) 516-6450  
Fax: (603) 516-6463  
www.ci.dover.nh.us

July 27, 2009

## City of Dover, New Hampshire

Susan and Peter Demars      COMMUNITY SERVICES DEPARTMENT  
563 Tolend Road  
Dover, NH 03820

**RE:    NOTICE OF GROUNDWATER MANAGEMENT PERMIT**  
**No. GWP-198803019-D-001**  
      Dover Municipal Landfill  
      Tolend Road  
      Dover, New Hampshire  
      NHDES Site #198803019, Project # 1781

Dear Susan and Peter Demars:

The City of Dover and the Group of Work Settling Defendants (the Group) for the Dover Municipal Landfill Superfund Site (the Landfill) prepared this letter to notify you of the Groundwater Management Permit (GMP) for the Landfill recently issued by the New Hampshire Department of Environmental Services (NHDES). The GMP was established to encompass areas of impacted ground water near the Landfill. The GMP establishes requirements for monitoring ground water and surface water conditions within the area of historical ground water impacts. These monitoring activities will be conducted by the Group.

The GMP was issued pursuant to New Hampshire Code of Administrative Rules PART Env-Or 607 Groundwater Management Permits on March 19, 2009 and has an expiration date of March 18, 2014. Pursuant to Env-Or 607, this Notice affects your property identified as the City of Dover, C, C-21X.

The Groundwater Management Zone (GMZ) described in the GMP encompasses your property as identified on the above-referenced municipal Map and Lot. The GMZ is more fully described in the GMP that is available for review by appointment at the NHDES offices located at 29 Hazen Drive, Concord, New Hampshire or at the City of Dover Clerk's office. If you have questions regarding this letter, please contact me at (603) 516-6094.

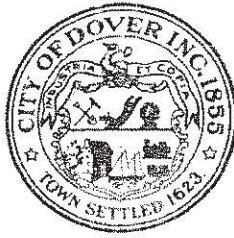
Sincerely,

Dean Peschel  
Environmental Project Manager

cc:     GMP Coordinator, NHDES



DOUGLAS W. STEELE II  
Director  
d.steele@ci.dover.nh.us



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Dover, New Hampshire 03820-4169  
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Fax: (603) 516-6463  
www.ci.dover.nh.us

July 27, 2009

## City of Dover, New Hampshire

Elizabeth A. Mathieu  
569 Tolend Road  
Dover, NH 03820

COMMUNITY SERVICES DEPARTMENT

**RE: NOTICE OF GROUNDWATER MANAGEMENT PERMIT**  
**No. GWP-198803019-D-001**  
Dover Municipal Landfill  
Tolend Road  
Dover, New Hampshire  
NHDES Site #198803019, Project # 1781

Dear Elizabeth A. Mathieu:

The City of Dover and the Group of Work Settling Defendants (the Group) for the Dover Municipal Landfill Superfund Site (the Landfill) prepared this letter to notify you of the Groundwater Management Permit (GMP) for the Landfill recently issued by the New Hampshire Department of Environmental Services (NHDES). The GMP was established to encompass areas of impacted ground water near the Landfill. The GMP establishes requirements for monitoring ground water and surface water conditions within the area of historical ground water impacts. These monitoring activities will be conducted by the Group.

The GMP was issued pursuant to New Hampshire Code of Administrative Rules PART Env-Or 607 Groundwater Management Permits on March 19, 2009 and has an expiration date of March 18, 2014. Pursuant to Env-Or 607, this Notice affects your property identified as the City of Dover, C, C-21W.

The Groundwater Management Zone (GMZ) described in the GMP encompasses your property as identified on the above-referenced municipal Map and Lot. The GMZ is more fully described in the GMP that is available for review by appointment at the NHDES offices located at 29 Hazen Drive, Concord, New Hampshire or at the City of Dover Clerk's office. If you have questions regarding this letter, please contact me at (603) 516-6094.

Sincerely,

Dean Peschel  
Environmental Project Manager

cc: GMP Coordinator, NHDES

DOUGLAS W. STEELE II  
Director  
d.steele@ci.dover.nh.us



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Dover, New Hampshire 03820-4169  
(603) 516-6450  
Fax: (603) 516-6463  
www.ci.dover.nh.us

July 27, 2009

## City of Dover, New Hampshire

Bradley and Traci Perkins    COMMUNITY SERVICES DEPARTMENT  
575 Tolend Road  
Dover, NH 03820

**RE:    NOTICE OF GROUNDWATER MANAGEMENT PERMIT**  
**No. GWP-198803019-D-001**  
Dover Municipal Landfill  
Tolend Road  
Dover, New Hampshire  
NHDES Site #198803019, Project # 1781

Dear Bradley and Traci Perkins:

The City of Dover and the Group of Work Settling Defendants (the Group) for the Dover Municipal Landfill Superfund Site (the Landfill) prepared this letter to notify you of the Groundwater Management Permit (GMP) for the Landfill recently issued by the New Hampshire Department of Environmental Services (NHDES). The GMP was established to encompass areas of impacted ground water near the Landfill. The GMP establishes requirements for monitoring ground water and surface water conditions within the area of historical ground water impacts. These monitoring activities will be conducted by the Group.

The GMP was issued pursuant to New Hampshire Code of Administrative Rules PART Env-Or 607 Groundwater Management Permits on March 19, 2009 and has an expiration date of March 18, 2014. Pursuant to Env-Or 607, this Notice affects your property identified as the City of Dover, C, C-21V.

The Groundwater Management Zone (GMZ) described in the GMP encompasses your property as identified on the above-referenced municipal Map and Lot. The GMZ is more fully described in the GMP that is available for review by appointment at the NHDES offices located at 29 Hazen Drive, Concord, New Hampshire or at the City of Dover Clerk's office. If you have questions regarding this letter, please contact me at (603) 516-6094.

Sincerely,

Dean Peschel  
Environmental Project Manager

cc:    GMP Coordinator, NHDES



DOUGLAS W. STEELE II  
Director  
d.steele@ci.dover.nh.us



288 Central Avenue  
Dover, New Hampshire 03820-4169  
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www.ci.dover.nh.us

July 27, 2009

## City of Dover, New Hampshire

Joseph and Laura Piscitello COMMUNITY SERVICES DEPARTMENT  
581 Tolend Road  
Dover, NH 03820

**RE: NOTICE OF GROUNDWATER MANAGEMENT PERMIT**  
**No. GWP-198803019-D-001**  
Dover Municipal Landfill  
Tolend Road  
Dover, New Hampshire  
NHDES Site #198803019, Project # 1781

Dear Joseph and Laura Piscitello:

The City of Dover and the Group of Work Settling Defendants (the Group) for the Dover Municipal Landfill Superfund Site (the Landfill) prepared this letter to notify you of the Groundwater Management Permit (GMP) for the Landfill recently issued by the New Hampshire Department of Environmental Services (NHDES). The GMP was established to encompass areas of impacted ground water near the Landfill. The GMP establishes requirements for monitoring ground water and surface water conditions within the area of historical ground water impacts. These monitoring activities will be conducted by the Group.

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The Groundwater Management Zone (GMZ) described in the GMP encompasses your property as identified on the above-referenced municipal Map and Lot. The GMZ is more fully described in the GMP that is available for review by appointment at the NHDES offices located at 29 Hazen Drive, Concord, New Hampshire or at the City of Dover Clerk's office. If you have questions regarding this letter, please contact me at (603) 516-6094.

Sincerely,

Dean Peschel  
Environmental Project Manager

cc: GMP Coordinator, NHDES

DOUGLAS W. STEELE II  
Director  
d.steele@ci.dover.nh.us



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July 27, 2009

## City of Dover, New Hampshire

Glenn C. Patten  
P.O. Box 373  
Portsmouth, NH 03802

COMMUNITY SERVICES DEPARTMENT

**RE: NOTICE OF GROUNDWATER MANAGEMENT PERMIT**  
**No. GWP-198803019-D-001**  
Dover Municipal Landfill  
Tolend Road  
Dover, New Hampshire  
NHDES Site #198803019, Project # 1781

Dear Glenn C. Patten:

The City of Dover and the Group of Work Settling Defendants (the Group) for the Dover Municipal Landfill Superfund Site (the Landfill) prepared this letter to notify you of the Groundwater Management Permit (GMP) for the Landfill recently issued by the New Hampshire Department of Environmental Services (NHDES). The GMP was established to encompass areas of impacted ground water near the Landfill. The GMP establishes requirements for monitoring ground water and surface water conditions within the area of historical ground water impacts. These monitoring activities will be conducted by the Group.

The GMP was issued pursuant to New Hampshire Code of Administrative Rules PART Env-Or 607 Groundwater Management Permits on March 19, 2009 and has an expiration date of March 18, 2014. Pursuant to Env-Or 607, this Notice affects your property identified as the City of Dover, C, C21-S.

The Groundwater Management Zone (GMZ) described in the GMP encompasses your property as identified on the above-referenced municipal Map and Lot. The GMZ is more fully described in the GMP that is available for review by appointment at the NHDES offices located at 29 Hazen Drive, Concord, New Hampshire or at the City of Dover Clerk's office. If you have questions regarding this letter, please contact me at (603) 516-6094.

Sincerely,

A handwritten signature in cursive script that reads "Dean Peschel".

Dean Peschel  
Environmental Project Manager

cc: GMP Coordinator, NHDES



<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Red Mathieu</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>R</i></p> <p>C. Date of Delivery  </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
1. Article Addressed to:  Elizabeth A. Mathieu 569 Tolend Road Dover, NH 03820	
2. Article Number (Transfer from service label) 7003 0500 0004 2323 3815	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-01-1540	

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Bradley and Traci Perkins</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>T Perkins</i></p> <p>C. Date of Delivery  <i>7-28</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
1. Article Addressed to:  Bradley and Traci Perkins 575 Tolend Road Dover, NH 03820	
2. Article Number (Transfer from service label) 7006 0810 0002 0325 7135	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-01-1540	

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>John</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>T Perkins</i></p> <p>C. Date of Delivery  <i>7-28</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
1. Article Addressed to:  City of Dover 288 Central Avenue Dover, NH 03820	
2. Article Number (Transfer from service label) 7003 0500 0004 2323 3802	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-01-1540	

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Samuel</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>S. MACDONALD</i></p> <p>C. Date of Delivery  <i>7-28-04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
1. Article Addressed to:  City of Dover 288 Central Avenue Dover, NH 03820	
2. Article Number (Transfer from service label) 7003 0500 0004 2323 3802	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-01-1540	

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Glenn C. Patten</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>GLENN C. PATTEN</i></p> <p>C. Date of Delivery  <i>7-29-04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
1. Article Addressed to:  Glenn C. Patten P.O. Box 373 Portsmouth, NH 03802	
2. Article Number (Transfer from service label) 7003 0500 0004 2323 3826	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-01-1540	

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Arthur B. Corte</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>ARTHUR B. CORTE</i></p> <p>C. Date of Delivery  <i>7-28-04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
1. Article Addressed to:  Arthur B. Corte, Trustee 81 Glen Hill Road Dover, NH 03820	
2. Article Number (Transfer from service label) 7006 0810 0002 0325 7159	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-01-1540	

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Joseph and Laura Piscitello</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>JOE PISCITELLO</i></p> <p>C. Date of Delivery  <i>7-28-04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
1. Article Addressed to:  Joseph and Laura Piscitello 581 Tolend Road Dover, NH 03820	
2. Article Number (Transfer from service label) 7003 0500 0004 2323 3796	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-01-1540	

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Lisa S. Martin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Lisa Martin</i></p> <p>C. Date of Delivery  </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
1. Article Addressed to:  Lisa S. Martin 19 Glen Hill Road Dover, NH 03820	
2. Article Number (Transfer from service label) 7003 0500 0004 2323 3772	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-01-1540	

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Richard E. Lemire</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>R. Lemire</i></p> <p>C. Date of Delivery  <i>8-3-04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
1. Article Addressed to:  Richard E. Lemire 16 Glen Hill Road Dover, NH 03820	
2. Article Number (Transfer from service label) 7006 0810 0002 0325 7142	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-01-1540	

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>James Webber</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  </p> <p>C. Date of Delivery  </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
1. Article Addressed to:  James Webber 538 Tolend Road Dover, NH 03820	
2. Article Number (Transfer from service label) 7006 0810 0002 0325 6671	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-01-1540	

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Richard E. Lemire</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>R. Lemire</i></p> <p>C. Date of Delivery  <i>7-30-04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
1. Article Addressed to:  Richard E. Lemire 16 Glen Hill Road Dover, NH 03820	
2. Article Number (Transfer from service label) 7006 0810 0002 0325 7142	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-01-1540	

**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:

Susan and Peter Demars  
563 Tolend Road  
Dover, NH 03820

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Susan L Demars*  Agent  
 Addressee

B. Received by (Printed Name)

*S. Demars*

C. Date of Delivery

*7-28*

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. Article Number

(Transfer from service label)

7003 0500 0004 2323 3789

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540





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Track & Confirm | FAQs

Track & Confirm | FAQs

### Track & Confirm

### Track & Confirm

#### Search Results

Label/Receipt Number: 7003 0500 0004 2323 3765  
Service(s): Certified Mail™  
Status: Delivered

Track & Confirm  
Enter Label/Receipt Number.

Your item was delivered at 12:15 PM on July 28, 2009 in DOVER, NH 03820.

Go >

#### Detailed Results:

- Delivered, July 28, 2009, 12:15 pm, DOVER, NH 03820
- Arrival at Unit, July 28, 2009, 7:47 am, DOVER, NH 03820

#### Notification Options

##### Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)

#### Search Results

Label/Receipt Number: 7006 0810 0002 0325 6701  
Service(s): Certified Mail™  
Status: Unclaimed

Track & Confirm  
Enter Label/Receipt Number.

Your item was returned to the sender on September 19, 2009 because it was not claimed by the addressee.

Go >

#### Detailed Results:

- Unclaimed, September 19, 2009, 6:02 am, BARRINGTON, NH
- Notice Left, September 05, 2009, 11:28 am, BARRINGTON, NH 03825
- Forwarded, September 03, 2009, 10:10 am, DOVER, NH
- Notice Left, August 28, 2009, 11:52 am, DOVER, NH 03820
- Arrival at Unit, August 28, 2009, 7:15 am, DOVER, NH 03820
- Processed through Sort Facility, August 28, 2009, 12:03 am, PORTSMOUTH, NH 03804
- Processed through Sort Facility, August 27, 2009, 7:35 pm, MANCHESTER, NH 03103

#### Notification Options

##### Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)

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Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Frederick P. Sliwinski  
Shawn M. Carter-Sliwinski  
22 Glen Hill Road  
Dover, NH 03820

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Dover, NH 03820

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