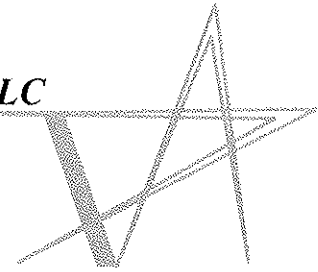


**COMMONWEALTH ENVIRONMENTAL SERVICES, LLC**

"A Native American - Woman Owned Company"



## Fax Cover Sheet

To: U.S. Department of Labor  
ATTN: Hon. Secretary of Labor  
Hilda Solis

From: Gary S. Vander Boegh

Fax: (202) 693-6111

Date: 8/09/10

Phone: (270) 450-0850

Pages:   16   Pages including the Cover Sheet

Re: Charles Featherston

CC: *Rachel Leiton*

Urgent     For Review     Please Comment     Please Reply     Please Recycle

**Comments:**

**Dear Secretary Solis,**

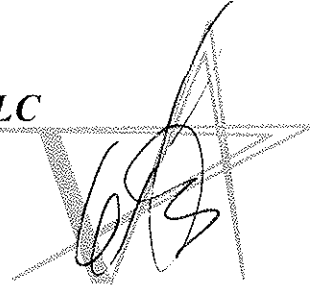
**Attached please find the following reopening request for Charles Featherston.**

**Thanks,**

**Gary**

**COMMONWEALTH ENVIRONMENTAL SERVICES, LLC**

"A Native American - Woman Owned Company"



Gary Vander Boegh, Vice President  
Commonwealth Environmental Services, LLC  
4645 Village Square Drive, St. F  
Paducah, Kentucky 42001  
Telephone: (270) 450-0850  
Facsimile: (270) 450-0858

August 8, 2010

U. S. Department of Labor,  
Frances Perkins Building, 200 Constitution Ave., NW  
Room S-2018  
Washington, DC 20210

Attention: Madam Secretary Hilda Solis

Employee: Charles E. Featherston  
File Number: [REDACTED]  
Claimant: Helen Featherston

Dear Ms Solis,

As "Authorized Representative" (AR) for claimant Helen Featherston, I hereby submit the attached EE-1 form and further request Part B and Part E claims reopening based on additional medical evidence (Claimant Attachments 002 thru 009) that support Chronic Beryllium Disease, Acute Respiratory Disease, Pneumonia, Emphysema, Chronic Bronchitis, Chronic Obstructive Pulmonary Disease, Sinusitis, Chemical induced Rhinitis, Hital Hernia, and chronic sinus infections. In part, Mrs. Featherston also bases her request for reopening on 20 C.F.R. § 30.320(b):

"At any time after the FAB has issued a final decision pursuant to § 30.316, a claimant may file a written request that the Director for Energy Employees Occupational Illness Compensation reopen his or her claim, provided that the claimant also submits **new evidence of either covered employment or exposure to a toxic substance**, or identifies either a change in the PoC guidelines, a change in the dose reconstruction methods or an addition of a class of employees to the Special Exposure Cohort.

(1) If the Director concludes that the evidence submitted or matter identified in support of the claimant's request is material to the claim, the Director **WILL** reopen the claim and return it to the district office for such further development as may be necessary, **to be followed by a new recommended decision.**"

Since the evidence presented indicates that Charles Featherston was diagnosed with

Acute Respiratory Disease, Pneumonia, Emphysema, Chronic Bronchitis, Chronic Obstructive Pulmonary Disease prior to January 1, 1993, the DOL is required by statutes to compensate Mrs. Helen Featherston for Part B in the amount of \$150,000 and Part E in the amount of \$125,000 as stated by the EEOICPA as follows:

**42 U.S.C § 7384I.**

(13) The term “established chronic beryllium disease” means chronic beryllium disease as established by the following:

- (A) For diagnoses on or after January 1, 1993, beryllium sensitivity (as established in accordance with paragraph (8)(A)), together with lung pathology consistent with chronic beryllium disease, including—
- (i) a lung biopsy showing granulomas or a lymphocytic process consistent with chronic beryllium disease;
  - (ii) a computerized axial tomography scan showing changes consistent with chronic beryllium disease; or
  - (iii) pulmonary function or exercise testing showing pulmonary deficits consistent with chronic beryllium disease.
- (B) For diagnoses before January 1, 1993, the presence of—
- (i) occupational or environmental history, or epidemiologic evidence of beryllium exposure;** and
  - (iii) **ANY** three of the following criteria:
    - (I) Characteristic chest radiographic (or computed tomography (CT)) abnormalities.**
    - (II) Restrictive or obstructive lung physiology testing or diffusing lung capacity defect.**
    - (III) Lung pathology consistent with chronic beryllium disease.
    - (IV) Clinical course consistent with a chronic respiratory disorder.**
    - (V) Immunologic tests showing beryllium sensitivity (skin patch test or beryllium blood test preferred).

Your timely response to the reopening request of Mrs. Helen Featherston’s Part B and E claim for compensation is appreciated.

Please contact me at 270-559-1752 or 270-450-0850, if you have any questions.

Sincerely,



Gary S. Vander Boegh

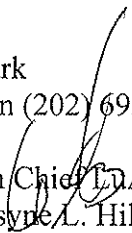
“Authorized Representative”

Vice President- Commonwealth Environmental Services, LLC.

Cc. Honorable Secretary of Labor Hilda Solis w/Attachments (202) 693-6111

U.S. Department of Labor  
200 Constitution Avenue, NW  
Room S-2018  
Washington, DC 20210

Director OWCP Shelby Hallmark  
Director DEEOIC Rachel Leiton (202) 693-1465

FAB Final Adjudication Branch Chief  Ann Kresley  
FAB Assistant Director Thomas  L. Hill

**Claim for Benefits Under the Energy Employees  
Occupational Illness Compensation Program Act**

**U.S. Department of Labor**  
Employment Standards Administration  
Office of Workers' Compensation Programs



**Note:** Provide all information requested below. Do not write in the shaded areas. OMB Number: 1215-0197  
Expiration Date: 08/31/2010

**Employee Information** (Please Print Clearly)

<b>1. Name</b> (Last, First, Middle Initial) Featherston Charles E		<b>2. Social Security Number</b> [REDACTED]	
<b>3. Date of Birth</b> [REDACTED] Month Day Year	<b>4. Sex</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<b>5. Dependents</b> <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Other:	
<b>6. Address</b> (Street, Apt. #, P.O. Box) [REDACTED] (City, State, ZIP Code) [REDACTED]		<b>7. Telephone Number(s)</b> a. Home: ([REDACTED]) b. Other: ([REDACTED])	

**8. Identify the Diagnosed Condition(s) Being Claimed as Work-Related** (check box and list specific diagnosis)

	9. Date of Diagnosis		
	Month	Day	Year
<input type="checkbox"/> <b>Cancer</b> (List Specific Diagnosis Below)			
a.			
b.			
c.			
<input type="checkbox"/> <b>Beryllium Sensitivity</b>			
<input checked="" type="checkbox"/> <b>Chronic Beryllium Disease (CBD)</b>			
<input type="checkbox"/> <b>Chronic Silicosis</b>			
<input checked="" type="checkbox"/> <b>Other Work-Related Condition(s) due to exposure to toxic substances or radiation</b> (List Specific Diagnosis Below)			
a. Acute Respiratory Disease ; Sinusitis 1- 08- 79:Pneumonia 55	09	16	1963
b. Emphysema 5-3-1982-- Chemical Rhinitis	01	10	1979
c. Hital Hernia ; sinus infection ; chronic bronchitis	10	02	1985

**Awards and Other Information**

10. Did you work at a location designated as a Special Exposure Cohort (SEC)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
11. Have you filed a lawsuit seeking either money or medical coverage for the above claimed condition(s)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
12. Have you filed any workers' compensation claims in connection with the above claimed condition(s)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
13. Have you or another person received a settlement or other award in connection with a lawsuit or workers' compensation claim for the above claimed condition(s)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
14. Have you either pled guilty or been convicted of any charges connected with an application for or receipt of federal or state workers' compensation?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
15. Have you applied for an award under Section 5 of the Radiation Exposure Compensation Act (RECA)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If yes, provide RECA Claim #: [REDACTED]	
16. Have you applied for an award under Section 4 of the Radiation Exposure Compensation Act (RECA)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

**Employee Declaration**

Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided under EEOICPA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both. Any change to the information provided on this form once it is submitted must be reported immediately to the district office responsible for the administration of the claim. I hereby make a claim for benefits under EEOICPA and affirm that the information I have provided on this form is true. If applicable, I authorize the Department of Justice to release any requested information, including information related to my RECA claim, to the U.S. Department of Labor, Office of Workers' Compensation Programs (OWCP). Furthermore, I authorize any physician or hospital (or any other person, institution, corporation, or government agency, including the Social Security Administration) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs.

Employee Signature: [Signature] Date: 08/08/2010

**Resource Center Date Stamp**

[REDACTED]

Form EE-1  
April 2005

October 2, 1985

Initial Consult

RE: CHARLES E. FEATHERSTON

Referring person Ms. Susan Featherston.

## REASON FOR REFERRAL:

Positive TB skin test.

## PRESENT ILLNESS:

Mr. Featherston is a 56 year old caucasian male who has been in his usual state of health for the last several years. A recent PPD skin test was applied and was found to be positive and he was told that he must begin taking INH medication. He came to our office for further consultation.

Patient denies any specific exposure to TB. Chest x-ray shows no evidence of TB. X-rays were compared to previous films and showed no change. It is of interest he has had an industrial exposure to multiple toxic chemicals in the past.

## PAST MEDICAL HISTORY:

Usual childhood illnesses. Denies any significant allergies.

## HOSPITALIZATIONS:

Have included hemorrhoidectomy, appendectomy, and hand surgery.

## MEDICAL ILLNESS:

Hital Hernia, sinus infections and bronchitus.

## INJURIES:

Fractured ribs and wrist.

## MEDICATIONS:

Pathibamate 400 mg. q.i.d.

Inderol LA 80 mg. 1 q day.

The patient was previously in the military service, Army. He had bilateral pneumonia.

**SCANNED**CLAIMANT ATTACHMENT 002

PAGE NO.

DISPENSARY RECORD

Name C. E. Featherstone Dept. No. 5760-H Medical No. 1232

Date 9/16/63 TEMP. 99  
8:55 A.M. hrs. Productive cough and pain in chest for 24  
 EENT: Injection of nose and throat.  
 chest, LF: Col. discomfort  
 @ chest anteriorly on deep breathing intermittently.  
~~heard the~~  
 Inf: Acute respiratory disease  
 Inf: on - check 5 pm  
 physician  
 (Foreman notified)  
R. O. Guler

9/23/63 TEMP. 98  
1:40 P.M. (off five work days due to U.R.D.)  
 Still coughing, productive. He feels like working  
 Rx Almitossin expectorant  
 Bufferin tablets  
 (R.D.)  
 H. E. HOUSMAN, R.N.

10-17-63 Requests Bufferin for headache  
10<sup>30</sup> P.M. Dispensed same.  
 M. Stiles, R.N.

3/6/64 Head Aching  
12 noon Rx Bufferin tablets as requested  
 H. E. HOUSMAN, R.N.

11/29/64 Headache  
1:20 P.M. Rx Bufferin tab. as requested.  
 H. E. HOUSMAN,

P	SITE	
3	BADGE NO.	CHART
		01232
LAST NAME		INITIALS
FEATHERSTON		f r
SEX	GROUP	BIRTH DATE
		AGE

15 15 79

DISPENSARY RECORD

DATE: 5/22/79 10:08 PM  
 DEPARTMENT:   
 B.P. 136/80 T. 97° P. 72 irregular Mt. 163  
 C/O constant pressure in (L) lower rib area - slight tenderness - duration 4 days.  
 Diarrhea for 4 days. (S) undetermined  
 2 frontil 0.0025 x 46  
 his plan (x 3d)  
 (2<sup>nd</sup>)  
 [Signature]

18/79 10:35 AM B.P. 140/80 (R) P. 68  
 Patient has feeling of pounding heart and thinks his pulse irregular.  
 On set of symptoms 2 or 3 months ago.  
 States he does not have personal doctor but relies on Medical Dept. Also had above problems during recent Strike.  
 Hx of headache and Sinusitis for years.  
 Seen by J. Phillips, M.D.  
 Appoint. L. Roberts M.D. at 2 P.M. Mon. Oct. 8th  
 Dr. C. Hogancamp booked into Dec. 1979.  
 R.W. H. E. Hausman, R.N.

10/5/79 12:50 PM B.P. 134/84 (P) 70  
 See Above - Wishes to See M.D.  
 Above symptoms of palpitations apparently cleared after increasing Pathikamate 400mg to 1/2 O/D (has been taking only 1/2 B/D) - suggested tapering to standard dose of 1/2 O/D & continuing dietary restriction (employee is to contact Dr. Hogancamp for cancellation of appointment)

CLAIMANT ATTACHMENT 004



p.2, Mr. Featherston

### Blood and Urine Tests

Three of your liver function tests were elevated, which included: Alkaline phosphatase and AST (both mildly elevated) and GGT (markedly elevated). Your triglycerides were high. The rest of your blood chemistry tests, which included kidney function tests, were normal, as were your white blood cell counts. Your platelet count was mildly decreased. Your urinalysis test showed the presence of trace amounts of ketones, glucose (sugar) and bilirubin, and a mild amount of protein.

### Summary and Recommendations

The physical exam finding of probable liver enlargement is consistent with the elevated liver function tests. These liver function tests should be compared with previous values to assess for degree of elevation. Please contact your physician as soon as possible to discuss these findings. The other physical exam finding of an elevated blood pressure should receive follow-up monitoring, especially since you do not report a history of high blood pressure. Please discuss this finding with your physician to determine how often your blood pressure should be checked.

The chest x-ray B reading finding of a possible density along the right side of the windpipe should receive follow-up, if this is a new finding. This follow-up should include a comparison with previous films (if available). Otherwise, a CAT scan would be indicated. Please discuss this finding with you physician as soon as possible.

The breathing test abnormality was moderate and can be a specific finding for certain types of lung diseases. We note you have been experiencing phlegm production for the past 50 years. This symptom is consistent with chronic bronchitis. Your history of exposure to toxic agents, especially acids and bases, at the gaseous diffusion plant, is likely to have contributed to the development of this condition. Your history of cigarette use is also likely to have contributed to the development of this condition. We recommend a one time pneumococcal vaccination (if you have not had one previously), a yearly influenza vaccination, and prompt treatment of any chest colds.

The noted abnormalities of the serum chemistries, platelet counts and urinalysis should receive follow-up. Please contact your physician as soon as possible to determine when this should be done.

The abnormal hearing test could have been caused by a variety of factors, including noise exposure and aging. Given your history of noise exposure at the gaseous diffusion plant, it is likely that occupational noise exposure contributed to your hearing loss. However, since the right ear could not be evaluated properly, we recommend follow-up with an audiologist for a more complete assessment. If you decide to pursue this, we would like a copy of the results.

We hope that this evaluation has addressed some of your concerns about your health. As a way to protect your overall health, we recommend periodic check-ups with your personal physician. We also recommend a one time pneumococcal vaccination (if you have not had one previously) and a yearly influenza vaccination.

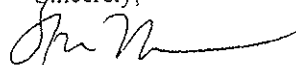
The statute of limitations for filing a workers compensation claim in Kentucky is one year. If you intend to file a claim, we recommend that you contact an attorney immediately. If you need assistance, you may contact the PACE coordinator, Phillip Foley at (502) 851-3187.

CLAIMANT ATTACHMENT 005

PAGE NO. 1 OF 2

p.3, Mr. Featherson

We thank you for your interest and participation in the Worker Health Protection Program. Enclosed is a copy of your results. If you have any further questions or comment about your results, please call us (toll free) at 1-888-241-1199.

Sincerely,  
  
Steven Markowitz, M.D.

enc.  
cc: Dr. Charles Winkler

CLAIMANT ATTACHMENT 005  
PAGE NO. 2 of 2



UNION CARBIDE CORPORATION  
NUCLEAR DIVISION

4079

## X-RAY EXAMINATIONS

BD: [REDACTED]

Medical No. 1232

Name FEATHERSTON, C. E.

Reading

6/1/70

X-rays of the cervical vertebrae - show nothing unusual.

RHR:mip

10-10-75  
Per.

X-ray of the chest - appears normal.

RHR:reb

✓ 3-9-78  
Per

Chest: The heart is normal in size and shape. The lungs are normally expanded and are free of active parenchymal disease. The mediastinal structures are not displaced and both hemidiaphragms are normal. There is no pleural change and the bony thorax is intact.

Impression: Normal Chest.

PB:ejw

✓ 11-1-79  
Per

Chest: The heart is normal in size and shape. The lungs are normally expanded and aerated and there is no evidence of active parenchymal disease in either lung.

Impression: Normal Chest.

PB:ejw

✓ 5/14/81  
Per.

Chest: PA and Lateral views of the chest show a normal size heart. The lungs are normally expanded and aerated and there is no evidence of active parenchymal disease in either lung.

Impression: Normal chest.

WFC:ejw

5-3-82  
Spec.

Chest: Shows a normal size heart. ~~The lungs are mildly hyper-aerated suggesting possible pulmonary emphysema~~ but this should be correlated with the clinical and laboratory findings. Acute parenchymal disease is not identified in either lung.

WFC:ejw

CLAIMANT ATTACHMENT 006

PAGE NO. \_\_\_\_\_

airway obstruction. There is no significant purulent rhinorrhea. The mucosa is somewhat hyperemic. The examination of the mouth, oro, naso, and hypopharynx was within normal limits. The larynx was negative. No palpable masses were noted.


Impression: 1. Chemical rhinitis secondary to the inhalation of chemical vapors.

2. Old nasal trauma with subsequent nasal deformity and nasal obstruction which is greater on the left than the right.

Plan: I talked with the patient concerning reconstructive rhinoplasty which is indicated to improve his nasal airway obstruction on the left side. The patient is somewhat reluctant and therefore we will maintain him on frequent saline irrigations to the nose. The patient will return to the office if he changes his mind in regards to the nasal surgery.

Thank you for this referral.

Sincerely,



John E. McCracken, M.D.

JMc:smh

CLAIMANT ATTACHMENT 007

PAGE NO. \_\_\_\_\_

Western Baptist Hospital • Physician Access Network • [ Print ]

Patient: FEATHERSTON, CHARLES E	Room-Bed:	Station:
Account #: [REDACTED]	DOB: [REDACTED]	Age: 75
History #: [REDACTED]	Admit Date: 07/14/2004	Sex: M
User: Crystal Bruer		

Radiology Results

Order Name: XR CHEST PA OR AP	Order Status: Final
Admitting Diagnosis: PHYSICAL THERAPY NEC	Result Status: Final
Sched Date: 07/15/2004 05:2 2:00	

HISTORY-  
SOB

PA CHEST-

Comparison is made with a prior study from 07/09/04. Lungs are hypoaerated. There is central vascular crowding and mild nodularity at the left hilum. Heart size is within normal limits. Thoracic aorta is tortuous. There is a right paratracheal mass-like density that is unchanged. No pneumothorax is seen.

IMPRESSION-

1. Hypoaeration of the lungs with central vascular crowding. Right paratracheal mass-like density is stable. Correlation with older studies is recommended. However, CT may be required.

Read By JAMES VANHOOSE

Released By JAMES VANHOOSE  
Radiologist  
COMPLETE

End of transcription

CLAIMANT ATTACHMENT 008

PAGE NO. \_\_\_\_\_

**SCANNED**

DISPENSARY RECORD

Name C. E. Featherstone Dept. No. 5751H Medical No. 1232

Date 7/3/55 T: 99°. Pt has been O.W. from sore throat (He thinks it was strep. throat). Last one work day. Throat slightly inflamed. Pt wishes to return to work. Adv. go by bus. in A.M.  
M. Stiles, R.M.

13/55 Ind Recall - R.W.

16/55 Throat slightly sore. T: 98.6°  
Rx: Throat - R. Wilford R.N.

18/55 Complains of Cramping in stomach. No nausea or emesis. Shortness of breath. Some pain in left chest. Has had a sore throat since last Tuesday. T: 100°. Advised to go home and check with his own M.D.  
P.D. W. Pass/R.W.

7/22/55 T-98  
Last work day 8/8/55 Missed 9 actual work days  
Sent back to work by Mr. Russian -  
diag. Pneumonia  
Spasms of lower pt. of stomach.  
OK to return to work -  
Re-check if symptoms recur  
J.P. Ross

12/24/55 Consultation with Dr. Ross  
1) Non-articular Dorsal Head  
under Rx by Dr. Penyon - Ohio, Tenn.  
J.P. Ross



MEDIC. REPORT

NAME <b>C. E. Featherston</b>		DEPT. NO. <b>5785-H</b>	BADGE NO. <b>1232</b>	SERVICE CODE <b>05</b>
AGE <b>43</b>	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	OCCUPATION <b>Operator</b>	LENGTH OF EMPLOYMENT <b>22 Years</b>	FOREMAN <b>Gresham</b>
INJURY OR EXPOSURE		OCURRED (DATE AND TIME) <b>6/19/73 - During day</b>	REPORTED (DATE AND TIME) <b>6/19/73 - 2:07 P.M.</b>	
BUILDING NO. <b>C. 337</b>				

HISTORY (Where was patient at time? What was he doing? What happened? Was the involved part ever previously affected by injury or disease? What safety equipment was worn?)

**C 337 - Cell 5 - Unit A - Patient has been cleaning flanges since about 8:30 A.M. and fumes from the system irritated his eyes, nose and neck.**

**No previous residual disability from fumes. Wearing respirator, safety glasses, gloves, hard hat, coveralls and safety shoes.**

FINDINGS

**First degree chemical burns of bridge of nose, and neck - eyes are irritated and burning.**

X-RAY

DIAGNOSIS

**See findings**

TREATMENT

**Cleansing shower and coverall changed. Solution as compresses to irritated areas. Neo Decadron aft instilled in eyes, stat at 2:45 P.M. Bufferin tablets dispensed.**

DISPOSITION

Reg. Work     Mod. Work     Home     Hospital

**CLAIMANT ATTACHMENT 009**

PROBABLE TIME OFF DUTY

TOLD TO RETURN

**6/20/73**

**PAGE NO. 2053**

WILL INJURY OR ILLNESS RESULT IN PERMANENT DEFECT?

Yes     No     ?

SIGNED

**H. E. Housman, R.N.**

DISPENSARY RECORD

Name C. E. Leatherator

Dept. No. 8751-H

Medical No. 1232

Date 1-984

12/58 Feels that his bronchial tubes are on fire. Productive  
2:03 PM. Cough. On set 24 hours ago. Sinus drainage  
 Syrup of White Pine  
 Biomydrin Spray  
 Capsule Lozange  
 Theopharin } As directed  
 H. E. HOUSMAN, R. N.

1-13-58 T. 100.2°  
9:00 AM. Complaints of nausea, vomiting, abdominal  
 tenderness, diarrhea and what he feels is  
 lung congestion or irritation. Onset - 48 hrs ago approx.  
 Pt. states that he wants to work today.  
 Sings of U.K.T. & non-productive cough.  
 has had U.V. upset which appears to be irritating  
 now - T. 100.2° - ENT - signs of U.K.T. - chest clear  
 to P.H. - abdomen soft - Impression: U.K.T. & cough  
 - wanted to work - allowed to stop - advised  
 to remain at home and complete L.M.O. if not  
 improved tomorrow - given Demogate to P.C.S.  
 Springfield, M.D.

24/58 T. 97. Q. N. due to Flu. Rest 6  
7:25 AM. Work days. Wishes to get to work.  
 Adv: Go by bus. M. Stiles, R. N.

18-58 9:58 AM. Industrial J. Bowles

1/31/58 Disp. Desenex Oint. for fungus  
10:43 AM. "Athletis Foot" as requested.  
 M. Stiles, R. N.

1/29/58 Audio. E. S.  
2:5 AM.

CLAIMANT ATTACHMENT 009  
 PAGE NO. 30E3



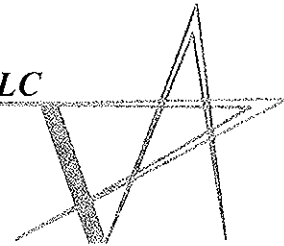
\*\*\*\*\*  
\*\*\* FAX TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

JOB NO. 3168  
DEPT. ID 151  
DESTINATION ADDRESS 912026936111  
PSWD/SUBADDRESS  
DESTINATION ID  
ST. TIME 08/09 09:58  
USAGE T 03' 50  
PGS. 16  
RESULT OK

**COMMONWEALTH ENVIRONMENTAL SERVICES, LLC**

"A Native American - Woman Owned Company"



## Fax Cover Sheet

To: U.S. Department of Labor  
ATTN: Hon. Secretary of Labor  
Hilda Solis

From: Gary S. Vander Boegh

Fax: (202) 693-6111

Date: 8/09/10

Phone: (270) 450- 0850

Pages: \_\_16\_\_ Pages including the Cover Sheet

Re: Charles Featherston

CC:

Urgent  For Review  Please Comment  Please Reply  Please Recycle

### Comments:

Dear Secretary Solis,

Attached please find the following reopening request for Charles Featherston.

Thanks,

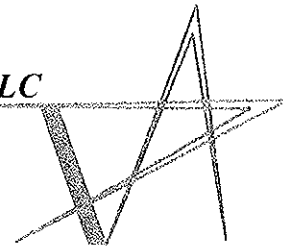
Gary

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

JOB NO. 3168  
DEPT. ID 151  
ST. TIME 08/09 09:58  
PGS. 16  
SEND DOCUMENT NAME  
TX IMCOMPLETE -----  
TRANSACTION OK 912026936111  
ERROR -----

***COMMONWEALTH ENVIRONMENTAL SERVICES, LLC***

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To: U.S. Department of Labor  
ATTN: Hon. Secretary of Labor  
Hilda Solis

From: Gary S. Vander Boegh

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Date: 8/09/10

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Pages:   16   Pages including the Cover Sheet

Re: Charles Featherston

CC:

Urgent     For Review     Please Comment     Please Reply     Please Recycle

**Comments:**

**Dear Secretary Solis,**

**Attached please find the following reopening request for Charles Featherston.**

**Thanks,**

**Gary**

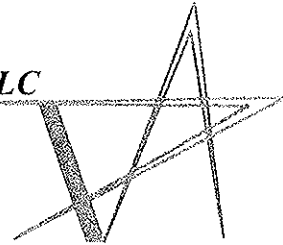
\*\*\*\*\*  
\*\*\* FAX TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

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PSWD/SUBADDRESS  
DESTINATION ID  
ST. TIME 08/09 10:05  
USAGE T 04' 19  
PGS. 18  
RESULT OK

**COMMONWEALTH ENVIRONMENTAL SERVICES, LLC**

"A Native American - Woman Owned Company"



## Fax Cover Sheet

To: U.S. Department of Labor  
ATTN: Hon. Secretary of Labor  
Hilda Solis

From: Gary S. Vander Boegh

Fax: (202) 693-6111

Date: 8/09/10

Phone: (270) 450-0850

Pages: 16 Pages including the Cover Sheet

Re: Charles Featherston

cc: Rachel Leiton

Urgent  For Review  Please Comment  Please Reply  Please Recycle

**Comments:**

**Dear Secretary Solis,**

**Attached please find the following reopening request for Charles Featherston.**

**Thanks,**

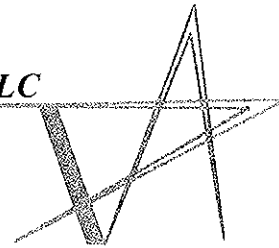
**Gary**

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\*\*\* TX REPORT \*\*\*  
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ERROR -----

***COMMONWEALTH ENVIRONMENTAL SERVICES, LLC***

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