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BEFORE THE
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

19 APR -5 AM 8:37

HEARING CLERK
REGION 10

In the Matter of:

WHEELER ROCK PRODUCTS

&

TRINA WHEELER

Wapato, Washington,

Respondents.

DOCKET NO. CAA-10-2018-0260

**PROOF OF SERVICE OF FIRST
AMENDED COMPLAINT AND
NOTICE OF OPPORTUNITY FOR
HEARING**

Proceeding pursuant to Section 113(d) of the
Clean Air Act, 42 U.S.C. § 7413(d).

I hereby certify that the attached copies of the certified mail receipts demonstrating proof of service of the First Amended Administrative Complaint and Notice of Opportunity for Hearing filed in the above-captioned matter are true and correct copies of the originals. I hereby certify that I hand-delivered the attached copies of the certified mail receipts today to the Regional Hearing Clerk, U.S. Environmental Protection Agency, Region 10, 1200 Sixth Avenue, Suite 900, ORC-113, Seattle, Washington 98101.

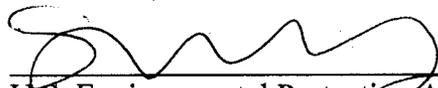
I also certify that true and correct copies of the proof of service of the First Amended Administrative Complaint and Notice of Opportunity for Hearing were sent by Certified Mail, Return Receipt Requested today, to:

Jack Fiander, Attorney at Law
Towtnuk Law Offices, Ltd.
Sacred Ground Legal Services, Inc.
5808A Summitview Avenue, #97
Yakima, Washington 98908

Trina Wheeler, Owner and President
Wheeler Rock Products
P.O. Box 99
Wapato, Washington 98951-0099

I certify I have read this document and that to the best of my knowledge, information and belief, the statements made herein are true, and that this filing is not interposed for delay.

DATED this 5th day of April 2018



U.S. Environmental Protection Agency
Region 10

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. 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. 	A. Signature X <i>[Signature]</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) NICK TORZA	C. Date of Delivery 4-2-18
	Address different from item 1? <input type="checkbox"/> Yes delivery address below: <input type="checkbox"/> No	
<p>Ms. Trina Wheeler Owner and President Wheeler Rock Products P.O. Box 99 Wapato, Washington 98951-0099</p>		
 9590 9402 2612 6336 2923 18		
3. Service type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)		
<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery		
2. Article Number (Transfer from service label) 7016 2710 0000 2872 6849		
PS Form 3811, July 2015 PSN 7530-02-000-9063		Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. 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. 	A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) TERRI BIRDSON	C. Date of Delivery 4/2/18
	Address different from item 1? <input type="checkbox"/> Yes delivery address below: <input type="checkbox"/> No	
<p>Mr. JoDe L. Goudy Chairman Yakama Nation Tribal Council 401 Fort Road P.O. Box 151 Toppenish, Washington 98948</p>		
 9590 9402 2612 6336 2923 25		
3. Service type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)		
<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery		
2. Article Number (Transfer from service label) 7016 2710 0000 2872 6856		
PS Form 3811, July 2015 PSN 7530-02-000-9063		Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. 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. 	A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) David Mune	C. Date of Delivery 3/31/18
	Address different from item 1? <input type="checkbox"/> Yes delivery address below: <input checked="" type="checkbox"/> No	
<p>Mr. Jack Fiander Attorney at Law Towntuk Law Offices, Ltd. Sacred Ground Legal Services, Inc. 5808A Summitview Avenue, #97 Yakima, Washington 98908</p>		
 9590 9402 2525 6306 9868 39		
3. Service type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)		
<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery		
2. Article Number (Transfer from service label) 7016 2710 0000 2872 6863		
PS Form 3811, July 2015 PSN 7530-02-000-9063		Domestic Return Receipt