

CERTIFICATE OF SERVICE

I hereby certify that I have this day served a true and correct copy of the foregoing Presiding Officer Designation in the matter of Mr. Gene A. Wilson, Docket No: SDWA-04-2005-1016 on each of the parties listed below in the manner indicated:

Ms. Zylpha Pryor, Esq.
Associate Regional Counsel
U.S. Environmental Accountability Division
61 Forsyth Street, SW
Atlanta, Georgia 30303-8960

(via Hand Delivery)

Mr. Gene A. Wilson, Owner
101 Madison Street
P.O. Box 702
Louisia, KY 41230

(via Certified Mail – Return Receipt)

Date:

6-15-06



Patricia A. Bullock
Regional Hearing Clerk
U. S. Environmental Protection
Agency, Region 4
Atlanta Federal Center
61 Forsyth Street, S.W.
Atlanta, Georgia 30303

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <i>Gerrit J. Wilson</i> <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Gerrit J. Wilson</i> C. Date of Delivery <i>6-20-06</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><i>Gene A. Wilson 101 Madison Street P.O. Box 702 Louisia, KY 41230</i></p>	<p>3. Service Type</p> <p><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>
<p>2. Article Number (Transfer from service label)</p>	<p>7004 1160 0002 5175 0610</p>
<p>PS Form 3811, August 2001 Domestic Return Receipt 102505-02-M-1540</p>	

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

7004 1160 0002 5175 0610

Sent To	<i>Gene Wilson</i>
Street, Apt. No., or PO Box No.	<i>101 Madison St.</i>
City, State, ZIP+4	<i>Louisia, KY 41230</i>

PS Form 3800, June 2002 See Reverse for Instructions