

FILED

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 6

2009 NOV -9 PM 10:49

REGIONAL HEARING CLERK
EPA REGION VI

IN THE MATTER OF:

PROOF OF SERVICE

Bertschinger Oil Co.
Seminole County, OK

Docket No. CWA-06-2009-4808

Respondent.

PROOF OF SERVICE

Pursuant to 40 C.F.R. §§ 22.5(b)(1) and 22.5(b)(1)(iii), Complainant files this Proof of Service in the above-stated action indicating service by certified mail. The original certified mail return receipt is attached in support of Complainant's Proof of Service.

| 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 checked="" type="checkbox"/> <i>Alfredo Flores</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>9/10/09</i></p> |
| <p>1. Article Addressed to:</p> <p>Bertschinger Oil Company 6417 Grandmark Drive Nichols Hills, OK 73116-6534</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p><i>09-4808</i></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>2. Article Number (Transfer from service label)</p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7007 0710 0001 9854 8713</p> |

Respectfully submitted,

Date: 11-10-09

Frankie Markham

Frankie Markham
OPA Enforcement Assistant
U.S. EPA Region 6, 6SF-PC
1445 Ross Ave.
Dallas, TX 75202

CERTIFICATE OF SERVICE

I certify that the original and one true and correct copy of the foregoing Proof of Service were hand-delivered to the Regional Hearing Clerk, U.S. Environmental Protection Agency, Region 6, 1445 Ross Avenue, Suite 1200, Dallas, Texas 75202-2733, and a true and correct copy was mailed on this 10 day in November 2009, by first class U.S. mail to:

Mr. Richard O. Bertschinger
Bertschinger Oil Company
6417 Grandmark Drive
Nichols Hills, OK 73116-6534

Frankie Markham

Frankie Markham

CWA-06-2009-4808

| 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. | A. Signature <input checked="" type="checkbox"/> <i>George Milner</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| 1. Article Addressed to: <i>Richard O. Bertschinger Bertschinger Oil Company 6417 Grandmauld Drive Nichols Hills, OK 73116-6534</i> | B. Received by (Printed Name) <i>George Milner</i> C. Date of Delivery <i>3/26/10</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No |
| 2. Article Number <i>(blacked out)</i> | 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. |
| PS Form 3849, Rev. 10-2008 | 4. Restricted Delivery <input type="checkbox"/> Yes <i>(blacked out)</i> |

Beutschinger Oil Co.

CWA 06 - 2009 - 1808

| 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. | A. Signature <input checked="" type="checkbox"/> <i>George M. O.</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 1. Article Addressed to: <i>Richard O. Beutschinger Beutschinger Oil Co. 6417 Grandmark Drive Nichols Hills, OK 73116-6534</i> | B. Received by (Printed Name) <i>George M. O.</i> | C. Date of Delivery <i>7/6/08</i> |
| 2. Article Number (Transfer from service label) | D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No | |
| PS Form 3811, February 2004 | 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. | |
| Domestic Return Receipt | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| 102595-02-M-1540 | 7007 3020 0000 1523 1908 | |