

FILED  
2011 AUG 32 AM 10:04  
REGIONAL HEARING CLERK  
EPA REGION VI

Attorney: Russell Murdak



SDWA-06-201-1104 | Proposed CAFO

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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>	A. Signature <i>Clay S. Wilson</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:  <p>Mr. Clay S. Wilson P.O. Box 1212 Pawhuska, OK 74056</p>	B. Received by (Printed Name) <i>Clay S. Wilson</i> C. Date of Delivery <i>8/25/11</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
	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.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

7011 0110 0001 3590 6933

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540