CONVERSATION RECORD

TIME | DATE 11/28/83

TYPE
[ ] VISIT | [ ] CONFERENCE | [ ] TELEPHONE [ ] INCOMING [ ] OUTGOING

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU	ORGANIZATION (Office, dept., bureau, etc.)	TELEPHONE NO.
Ken Burns	MDNR	

SUBJECT Data Transfer Phase I

ROUTING NAME/SYMBOL	INT

SUMMARY The attached file contents are sent you as part of the Phase I Transition:

Name & Location
McDonnell Douglas Tract II

ID Number MO D000818906

ACTION REQUIRED
File Contents sent MDNR

NAME OF PERSON DOCUMENTING CONVERSATION	SIGNATURE	DATE
	Shawn	11/28/83

ACTION TAKEN

SIGNATURE	TITLE	DATE

R00136622
RCRA RECORDS CENTER