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 Dennis	MDNR	

ROUTING

NAME/SYMBOL	INT

SUBJECT Data Transfer Phase I

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

Name & Location
Berg Warner

ID Number MD D056964703

R00307301
RCRA RECORDS CENTER

ACTION REQUIRED
File Contents sent MDNR

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

ACTION TAKEN

SIGNATURE	TITLE	DATE

50271-101 CONVERSATION RECORD OPTIONAL FORM 271 (12-76) DEPARTMENT OF DEFENSE