9

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 Pennis	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
GE Apparatus Serv.

ID Number MD000687483

R00406656
RCRA RECORDS CENTER

ACTION REQUIRED

File contents sent MDNR

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

ACTION TAKEN

SIGNATURE	TITLE	DATE