

ROUTING AND TRANSMITTAL SLIP

Date 8/5/88

TO: (Name, office symbol, room number, building, Agency/Post)

Initials Date

1. Utilization Director

Initials: [Signature] Date: 8/19/88

2.

3.

4.

5.

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

Mr. Baker,
 ACS Facilities (Alexander) action
 from well ~~are~~ will be
 tested again for VOC's,
 probably next 3 or 4 months.
 Hold further action until that
 time.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)

Room No.—Bldg.

[Signature] 8/5/88

Phone No.

5041-102 S/N 0107-LF-000-4100

*GPO: 1984-705-012/17826 2-1

OPTIONAL FORM 41 (Rev. 7-76)
 Prescribed by GSA
 FPMR (41 CFR) 101-11.206

CLW

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