



	ECMC IT department.
ECMC Decision:	
ECMC Representative:	

<u>OPERATOR COMMENT AND SUBMITTAL</u>	
Comment:	CA follow-up has been completed for this location.
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Print Name: Ashley Noonan	Signed:
Title: Sr Regulatory Analyst	Date: 11/13/2024 7:04:42 PM

**ATTACHMENT LIST**

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<u>Document Number</u>	<u>Description</u>

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