



ECMC Decision: \_\_\_\_\_

ECMC  
Representative:

**OPERATOR COMMENT AND SUBMITTAL**

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: 11/15/2024 6:46:47 PM

**ATTACHMENT LIST**

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