

MATERIALS DATA INPUT INDUSTRIAL

A. TYPE OF ACTION AND IDENTIFICATION CODES

<input type="checkbox"/> NEW LICENSE	<input type="checkbox"/> AMENDMENT TO RENEW LICENSE	<input type="checkbox"/> AMENDMENT TO TERMINATE	<input type="checkbox"/> VOID	DOCKET NUMBER 20-11370	MAIL CONTROL NUMBER 25344	CHANGE NAME/ ADDRESS <input type="checkbox"/>
<input type="checkbox"/> NEW LICENSE AND NEW LICENSEE	<input checked="" type="checkbox"/> OTHER AMENDMENT	<input type="checkbox"/> CLERICAL CHANGE NO AMENDMENT				

B. INDICATIVE INFORMATION:

INDIVIDUAL LICENSEES	NAME (LAST, FIRST, MIDDLE)	NAME (LAST, FIRST, MIDDLE)
	NAME (LAST, FIRST, MIDDLE)	NAME (LAST, FIRST, MIDDLE)
	NAME (LAST, FIRST, MIDDLE)	NAME (LAST, FIRST, MIDDLE)

ORGANIZATION	ORGANIZATION NAME (ALPHABETIC SEQUENCE) Water Aids & Company Inc.
	DEPARTMENT OR BUREAU Fernal Division

ADDRESS	BUILDING, STREET 400 Main Street	CITY Ashland	STATE MA	ZIP CODE 01721
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APPLICANT	TYPE OF APPLICANT <input type="checkbox"/> U.S. GOVERNMENT AGENCY <input type="checkbox"/> INDIVIDUAL LICENSEE <input checked="" type="checkbox"/> ORGANIZATIONAL LICENSEE	DATE REQUEST RECEIVED 07/13/70	INSTITUTION CODE 16050	PENDING PROG. CODE	ACTUAL PROG. CODE
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SECONDARY PROGRAM CODES AS REQUIRED:				
#1	#2	#3	#4	#5

LICENSE NUMBER 20-11370-01	DATE LICENSE ISSUED OR ACTION COMPLETED	EXPIRATION DATE
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BYPRODUCT	CHEMICAL OR PHYSICAL FORM	POSSESSION LIMIT
	<i>Sec Draft</i>	<i>Amendment 02</i>

b-9

MAIL TO: William F. Johnston	DATE MAILED	REVIEWER J. H. May	DATE COMPLETED 2/18/77
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