## OPERATOR WRITTEN RESPONSE TO INSPECTION AND NARRATIVE REPORT

Mail To:
DELAWARE COUNTY HEALTH DEPARTMENT
100 WEST MAIN STREET, ROOM 207
MUNCIE, INDIANA 47305
Fax # 765-747-7747
E-mail - dchealth@co.delaware.in.us

Date: 120-12	
Date.	

The follow	1878 - 1880 - Dr	e to the inspection ar , on <u>April 19, 2012</u>	nd narrative report	prepared by your a	gency's
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	nent: MEIJER I		MUNCIE	IN	262 47304

ATTACH ADDITIONAL SHEETS AS NEEDED.