TRANSMISSION VERIFICATION REPORT

TIME : 12/07/2004 19:04
NAME : USNRC
FAX : 6308299782
TEL : 6308299782

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UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
801 Warrenville Road, Suite 255
Lisle, Illinois 60532-4351

TELEFAX TRANSMITTAL

DATE: 12/7/04

NUMBER OF PAGES: 3
(including this page)

SEND TO: RICHARD WALTON, DO, RSO OR LAURA SMITH, MS

LOCATION: BON SECOURS COTTAGE HEALTH SERVICES

FAX NUMBER: 734-453-8851 ☐ VERIFY BY CALLING SENDER

FROM:
(SENDER) COLLEEN CAROL CASEY

TELEPHONE NUMBER: 630-829-9841 FAX NUMBER: 630-829-9782

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE Please call me to discuss this. I will be in seminars most of Wed – Fri. (room), 12/8, 9 & 10. If you leave me a voicemail message I'll call [illegible] to have me

COLLEEN CAROL CASEY
MATERIALS LICENSING BRANCH
UNITED STATES NUCLEAR REGULATORY COMMISSION
REGION III
2443 WARRENVILLE ROAD
LISLE, ILLINOIS 60532-4352
(630)-829-9841 FAX: (630) 829-9782 or (630) 515-1259

CONVERSATION RECORD | TIME | DATE
ACTUALLY FAXED? YES. **December 7, 2004**

NAME OF PERSON(S) CONTACTED	ORGANIZATION	TELEPHONE NO.
Richard Walton, D.O., RSO or Laura Smith, M.S.,	Bon Secours Cottage Health Services	586-716-8885

SUBJECT
License Nos.: 21-16425-01 **Control No.: 313740**
21-16868-01 **313739**

SUMMARY
We have reviewed your letter dated August 13, 2004, and your Form NRC 314, requesting termination of your byproduct materials license no. 21-16425-01, concurrent with its merger into license no. 21-16868-01, and find that we need additional information as follows:

1. Please submit a revised Form 314 that is completely filled out, re-signed and dated, as Item 2a. is incomplete.

2. Please submit copies of the most recent leak tests performed on your licensable (10 CFR 35.65/35.67) sealed sources prior to their transfer to the merged license location of use.

3. Please note that your letter requests termination of this license for an address at 21400 Eleven Mile Road, St. Clair Shores, Michigan. However, our records do not show that this location is on your license. The only location of use shown on this license currently is 159 Kercheval, Grosse Pointe Farms, Michigan. We cannot delete a location of use from your license via termination if it was not on that license in the first place. Please explain this discrepancy so we may decide how to proceed.

4. Is it your intention to add a location of use at 21400 Eleven Mile Road, St. Clair Shores, Michigan to the 21-16868-01 license? Or is it your intention to add the facility at 159 Kercheval, Grosse Pointe Farms, Michigan to the 21-16868-01 license? Please explain and clarify as to exactly what you want to have authorization for and where and what is to be terminated.

5. Please submit the dates when both of the instruments used for decommissioning were calibrated and specify the radionuclides used for the efficiency calculations as well as the efficiency factors and data.

6. Please submit the background counts obtained for the wipe tests and please convert your wipe test results into "disintegrations per minute." Specify what your trigger level or action level for decontamination is.

7. Please submit a copy of the actual exposure rate measurement results in the 21400 Eleven Mile Road, St. Clair Shores, Michigan location.

8. Please submit copies of the final waste disposal records only, that include the information required by 10 CFR 35.2092, especially the dates of disposal and the names of surveyors.

9. Please note that it is advisable to provide all supporting decommissioning data and information in a complete package without making "blanket statements" and generalizations. No response item.

10. Please provide a diagram (no blueprints) of the facility you wish to transfer, if any, to the surviving license no. 21-16868-01 and refer to NUREG 1556, Vol. 9, section 8.15, Item 9 for guidance.

11. Please confirm that all statements, commitments and representations in the surviving license will extend to the new location of use also, as appropriate.

12. Concerning your request to discontinue weekly wipe tests:

    Please refer to 10 CFR 35.70 and 35.10, especially 35.10(e). When revised Part 35 became effective October 24, 2002, you were no longer required to perform weekly wipe tests. Therefore no amendment to your license is necessary at this point in time. No response item.

13. Please note that on October 25, 2004, the NRC suspended public access to ADAMS, and initiated an additional security review of publicly available documents to ensure that potentially sensitive information is removed from the ADAMS database accessible through the NRC's web site. Interested members of the public may obtain copies of the referenced documents for review and/or copying by contacting the Public Document Room pending resumption of public access to ADAMS. The NRC Public Document Room is located at NRC Headquarters in Rockville, MD, and can be contacted at 800-397-4209 or 301-415-4737 or pdr@nrc.gov. No response item.

ACTION REQUIRED

Submit the requested information within three calendar days (by December 10, 2004) by **referencing control numbers 313739 and 313740.** If we do not receive an adequate response by this date, we will **VOID** the current actions without prejudice to resubmission at a later date.

Upon receipt of your response we will resume our review. Address your written response to my attention at the above address to facilitate proper handling. **PLEASE DIRECT ANY QUESTIONS YOU MAY HAVE TO ME AT 630-829-9841.**

PLEASE NOTE THAT A "VOID" IS AN ADMINISTRATIVE PROCEDURE THAT PUTS YOUR AMENDMENT REQUESTs "ON HOLD" (TAKES THEM OUT OF OUR ACTIVE CASEWORK DATABASE) UNTIL YOU REACTIVATE THEM VIA A WRITTEN RESPONSE.

NAME OF PERSON DOCUMENTING CONVERSATION	SIGNATURE	DATE
Colleen Carol Casey	Colleen Carol Casey	December 7, 2004