

CONVERSATION RECORD

TIME: DATE: 04 / 10 /2005

TYPE: - VISIT - CONFERENCE TELEPHONE -OUT/ IN

PERSON(S) CONTACTED: Michael J. Wallo, Manager

ORGANIZATION: Maplewood testing Services, PSEG Services Corp.

LICENSE NO. 29 - 02843 - 01

DOCKET NO. 030- 05285

TELEPHONE: 973-761-1981 Fax No.

SUBJECT: Request for Additional Information or Clarification

SUMMARY

Requested information clarification about individual to be contacted and designated RSO - response in 4/15/05 letter attachment

Requested model nos. of Humboldt sources - response in 4/15 letter

Requested Model nos. of GC sources - response in 4/15 letter

ACTION REQUIRED

Correct license information.

NAME OF PERSON DOCUMENTING CONVERSATION:

DAVID J. COLLINS

SIGNATURE:



DATE: MAY 18, 2005

ACTION TAKEN

LICENSE INFORMATION CORRECTED, FINALIZE AND ISSUE LICENSE .

SIGNATURE:

TITLE: HEALTH PHYSICIST

DATE: May 20, 2005