



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
2443 Warrenville Road, Suite 210
Lisle, Illinois 60532-4352

TELEFAX TRANSMITTAL

DATE: 2/27/06 NUMBER OF PAGES: 5
(including this page)

SEND TO: DAN MARX

LOCATION: RPS for Thyroid + Diabetes Clinic

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

FROM: COLLEEN CAROL CASEY
(SENDER)

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

*Thank you,
Colleen Carol Casey*

NOTICE

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and return the original to the above address, by U.S. Mail. Thank you.

COLLEEN CAROL CASEY
MATERIALS LICENSING BRANCH
UNITED STATES NUCLEAR REGULATORY COMMISSION

REGION III
2443 WARRENVILLE ROAD
LISLE, ILLINOIS 60532-4352

OFFICE: (630)-829-9841 FAX: (630) 829-9782 or (630) 515-1259

fax number
Dan Marx:
734-453-8851

CONVERSATION RECORD

TIME

DATE

ACTUALLY FAXED? YES.

3:00 pm CT.

2/27/06

NAME OF PERSON(S) CONTACTED

ORGANIZATION

TELEPHONE NO.

Dan Marx, RPS for Thyroid + Diabetes Clinic

734-455-4730

810-730-6004 cell

SUBJECT

License No.: Pending

Control No.:

315057

SUMMARY

We have reviewed your ^{application} dated 11/3/05, requesting your byproduct materials license and find that we need additional information as follows:

1. Who is Dr. Thawani, what is his status with respect to ownership + management of the clinic's practice? Is he an authorized management signatory, per 10 CFR 35.125(c)? (See 313 attached).
2. See attached excerpt from Appendix C, Table C.3, page C-14, Nureg 1556 Vol 9, Rev. 1 - virtually no descriptive information is provided for facility diagram. Please resubmit.

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter will be available electronically in the NRC Public Document Room or from the Publicly Available Records (PARS) component of NRC's document system (ADAMS). The NRC's document system is accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html>.

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Colleen Carol Casey

Colleen Carol Casey

2/27/06

~~2005~~

ACTION REQUIRED

*OR
Call me to
discuss*

- (1) Submit the requested information within 2 calendar days (by 3/1/06, ~~2/28/06~~) by referencing control number 315057 to facilitate proper handling. If we do not receive an adequate response by this date, we will **VOID** the current action without contacting you again. This will be done without prejudice to the resubmission of your request 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.

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

- ~~(2) As we cannot issue an amendment at this time we are voiding this request in order to enable you to prepare a quality application without time constraints. This is done without prejudice to the resubmission of your request at a later date. PLEASE NOTE THAT A "VOID" IS AN ADMINISTRATIVE PROCEDURE THAT PUTS YOUR AMENDMENT REQUEST "ON HOLD" (TAKES IT OUT OF OUR ACTIVE CASEWORK DATABASE) UNTIL YOU REACTIVATE IT VIA SUBMISSION OF A WRITTEN RESPONSE. IT "BUYS" YOU TIME TO PREPARE A QUALITY RESPONSE AND IS GENERALLY REGARDED AS A "GOOD THING."~~

PLEASE DIRECT ANY QUESTIONS YOU MAY HAVE TO ME AT (630) 829-9841 or (800) 522-3025.

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Colleen Carol Casey

Colleen Carol Casey

2/27/06
~~2/28/06~~

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:
DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:
CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO:
LICENSING ASSISTANT SECTION
NUCLEAR MATERIALS SAFETY BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PA 19408-1415

ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:
SAM NUNN ATLANTA FEDERAL CENTER
U. S. NUCLEAR REGULATORY COMMISSION, REGION II
61 FORSYTH STREET, S.W., SUITE 23185
ATLANTA, GEORGIA 30303-8831

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

N
030-37101

IF YOU ARE LOCATED IN:
ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:
U.S. NRC Region III
2443 Warrenville Rd, Suite 210
Lisle, IL 60532-4352

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:
NUCLEAR MATERIALS LICENSING SECTION
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TX 76011-8064

1. THIS IS AN APPLICATION FOR (Check appropriate)

A. NEW LICENSE

B. AMENDMENT TO LICENSE NUMBER _____

C. RENEWAL OF LICENSE NUMBER _____

2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)

THYROID + DIABETES CLINIC
9450 S. SAGINAW ST, STE G
GRAND BLANC, MI 48439

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

9450 S. SAGINAW ST, STE G
GRAND BLANC, MI
48439

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

DAN L. MARX
RADIOLOGICAL PHYSICS SVC

TELEPHONE NUMBER
734-455-4730
810-930-6004 cell

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL
a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.

9. FACILITIES AND EQUIPMENT.

11. WASTE MANAGEMENT.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

10. RADIATION SAFETY PROGRAM.

12. LICENSE FEES (See 10 CFR 170 and Section 170.31)
FEE CATEGORY *7C* | AMOUNT ENCLOSED *\$ 2100*

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 82 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE
HEMIANT T. THAWANI, MD.

SIGNATURE
H.T. Thawani

DATE
11/3/05

FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
APPROVED BY					
<i>Who is Dr. Thawani?</i>				DATE	<i>315057</i>

Table C.3 Items 7 through 11 on NRC Form 313: Training & Experience, Facilities & Equipment, Radiation Protection Program, and Waste Disposal
 (Check all applicable rows and fill in details and attach a copy of the checklist to the application or provide information separately.)

Item Number (7-11)	Description	Check box to indicate if item is applicable
Item 9: Facility Diagram	A diagram is enclosed that <u>describes</u> the facilities and identifies activities conducted in all contiguous areas surrounding the area(s) of use. The following information is included:	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Drawings should be to scale, and indicate the scale used. 	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Location, room numbers, and <u>principal use of each room or area</u> where byproduct material is prepared, used or stored, as provided above under the heading "Discussion"; 	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Location, room numbers, and <u>principal use of each adjacent room</u> (e.g., office, file, toilet, closet, hallway), including areas above, beside, and below therapy treatment rooms; indicate whether the room is a restricted or unrestricted area as defined in 10 CFR 20.1003; and 	<input type="checkbox"/>
NA	<ul style="list-style-type: none"> • Provide shielding calculations and include information about the type, thickness, and density of any necessary shielding to enable independent verification of shielding calculations, including a description of any portable shields used (e.g., shielding of proposed patient rooms used for implant therapy including the dimensions of any portable shield, if one is used; source storage safe, etc.). 	<input type="checkbox"/>
NA	In addition to the above, for teletherapy and GSR facilities, applicants should provide the directions of primary beam usage for teletherapy units and, in the case of an isocentric unit, the plane of beam rotation.	<input type="checkbox"/>

Deficient?

TRANSMISSION VERIFICATION REPORT

TIME : 02/27/2006 15:58
NAME : USNRC
FAX : 6308299782
TEL : 6308299782

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

02/27 15:56
87344538851
00:02:00
05
OK
STANDARD
ECM

NRC FORM 386 (R111)
(4-2004)



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