

**COLLEEN CAROL CASEY**  
**MATERIALS LICENSING BRANCH**  
**UNITED STATES NUCLEAR REGULATORY COMMISSION**  
REGION III  
2443 WARRENVILLE ROAD STE 210  
LISLE, ILLINOIS 60532-4352  
OFFICE: (630)-829-9841 FAX: (630) 829-9782 or (630) 515-1259

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<b>CONVERSATION RECORD</b>	TIME	DATE
<b>ACTUALLY FAXED? YES.</b>		29 March <del>26</del> , 2006

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NAME OF PERSON(S) CONTACTED	ORGANIZATION	TELEPHONE NO.
Donna Moyer, D.O. or David Close	Carson City Hospital	989 517-584-3131 fax: 517-584-6165

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SUBJECT	License No.: 21-16339-01	Control No.: 315242
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**SUMMARY**  
We have reviewed your application dated February 9, 2006, requesting renewal of your byproduct materials license and find that we need additional information as follows:

1. Please specify a possession limit for iodine-131 sodium iodide for which a written directive is required for diagnostic studies.
2. Your current license gives Dr. Kotlyarov's degree as "M.D." But your application gives his degree as "D.O." Please specify which is correct.
3. Your current license spells Dr. Kaufman's name with one "f." But your application spells his name with two "f"s", as "Kauffman." Please specify which is correct.
4. Please note that we cannot delete authorization for materials in 10 CFR 31.11 nor can we authorize the release of the room(s) where you used materials in 10 CFR 31.11 for unrestricted use (even by other members of your staff) until we have received and reviewed a copy of the results of your close-out survey and the final disposition of your 10 CFR 31.11 wastes have been accounted for.

The survey should consist of exposure rate measurements to show that all sources of radioactive material have been removed, and contamination checks of areas where radioactive materials were used or stored. Average radiation levels associated with surface contamination and removable contamination should not exceed those specified in the enclosed decontamination guide. Please submit the following information with your close-out survey:

1. A diagram of the facility with survey and wipe test results keyed to specific locations.
2. The name of the person performing the survey.
3. The date the survey was performed.

4. The instrument(s) used for exposure rate measurements and for analysis of the wipes.
5. Background readings and each instruments' efficiency or correction factor.
6. The date(s) that the survey instruments were last calibrated.

Please also refer to section 15.5.3 in NUREG 1757, Vol. 1, Rev. 1, available on our website at:  
 "http://www.nrc.gov.edgesuite.net/reading-rm/doc-collections/nuregs/staff/sr1757/v1/sr1757v1.pdf," for additional assistance.

When submitting the revised close-out survey and final waste disposal records, limited to 10CFR 31.11 materials only, please reference it as "additional information to Control No. 315242."

5. ✓ Please always include the fax number for the person who serves as a point of contact for all future licensing requests. There was no fax number given for Mr. David Close so I faxed this record to Dr. Donna Moyer instead. *(resolved)*

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>.

**ACTION REQUIRED**

Submit the requested information within 30 calendar days (by April 28, 2006) by referencing control number **315242** to facilitate proper handling. Upon receipt of your response we will resume our review. Address your written response to my attention at the above address. **PLEASE DIRECT ANY QUESTIONS YOU MAY HAVE TO ME AT 630-829-9841 or 800-522-3025, ext. 9841.**

NAME OF PERSON DOCUMENTING CONVERSATION	SIGNATURE	DATE
Colleen Carol Casey	<i>Colleen Carol Casey</i>	March <sup>29</sup> <del>28</del> , 2006



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

TELEFAX TRANSMITTAL

DATE: 3/29/06

NUMBER OF PAGES: 3  
(including this page)

SEND TO: DONNA MOYER, D.O., RSO (for David Close)

LOCATION: CARSON CITY HOSPITAL  
① 989 (DR. MOYER)      ② 440-350-1239-DAVE CLOSE

FAX NUMBERS: ~~217~~-584-6665       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: Please call me if you have questions.

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.

TRANSMISSION VERIFICATION REPORT

TIME : 03/29/2006 15:21  
NAME : USNRC  
FAX : 6308299782  
TEL : 6308299782

DATE, TIME : 03/29 15:20  
FAX NO./NAME : 84403501239  
DURATION : 00:00:56  
PAGE(S) : 03  
RESULT : OK  
MODE : STANDARD  
ECM

NRC FORM 386 (R111)  
(4-2004)



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DATE: 3/29/06 NUMBER OF PAGES: 3  
(including this page)

SEND TO: DONNA MOYER, D.O., R50 (for David Close)

LOCATION: CARSON CITY HOSPITAL  
① 989 (DR. MOYER) ② 440-350-1239-DAVE CLOSE

FAX NUMBERS: ~~527~~-584-6665  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 Please call me if you have questions.

D. b.

TRANSMISSION VERIFICATION REPORT

TIME : 03/29/2006 15:17  
NAME : USNRC  
FAX : 6308299782  
TEL : 6308299782

DATE, TIME : 03/29 15:16  
FAX NO./NAME : 89895846165  
DURATION : 00:01:05  
PAGE(S) : 03  
RESULT : OK  
MODE : STANDARD  
ECM

NRC FORM 386 (R11)  
(4-2004)



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TELEFAX TRANSMITTAL

DATE: 3/29/06 NUMBER OF PAGES: 3  
(including this page)

SEND TO: DONNA MOYER, D.O., RSO (for David Close)

LOCATION: CARSON CITY HOSPITAL  
① 989 (DR. MOYER) ② 440-350-1239-DAVE CLOSE

FAX NUMBERS: 577-584-6665  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: Please call me if you have questions.  
Thank you