

TRANSMISSION VERIFICATION REPORT

TIME : 08/16/2007 07:21
NAME : USNRC RIII
FAX : 6308299782
TEL :
SER.# : 000A7J925774

DATE, TIME	08/16 07:20
FAX NO./NAME	88166987131
DURATION	00:00:36
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, ILLINOIS 60532-4352

TELEFAX TRANSMITTAL

DATE: August 16, 2007 NUMBER OF PAGES: 3
(Including this page)

SEND TO: Linda Dunnaway

LOCATION: Midwest Division (Medical Center of Independence)

FAX NUMBER: (816) 698-7131 **VERIFY BY CALLING
SENDER**

FROM:
(SENDER) **Bill Reichhold**

TELEPHONE NUMBER **(630) 829-9839** FAX NUMBER **(630) 515-1078**

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



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, ILLINOIS 60532-4352

TELEFAX TRANSMITTAL

DATE: August 16, 2007 NUMBER OF PAGES: 3
(Including this page)

SEND TO: Linda Dunnaway

LOCATION: Midwest Division (Medical Center of Independence)

FAX NUMBER: (816) 698-7131 **VERIFY BY CALLING**
SENDER

FROM:
(SENDER) **Bill Reichhold**

TELEPHONE NUMBER **(630) 829-9839** FAX NUMBER **(630) 515-1078**

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 see accompanying documents.

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.

The following additional information is needed to review your request to terminate your NRC license.

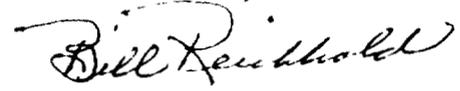
1. Please submit a history of all radionuclides used at your facility located at 17203 E. 23rd Street, Independence, Missouri.
2. Please submit a copy of the leak tests that were current at the time of the close-out survey for the sealed sources (such as calibration sources, flood field sources, etc.) used at your facility located at 17203 E. 23rd Street, Independence, Missouri.
3. Please submit the calibration information for the Ludlum 14C survey meter (serial 80104) to show that the survey meter was in calibration when the final close-out surveys were performed on 5/30/07 and 6/4/07.

Since sealed sources were also used for therapy and invitro studies were authorized under 10 CFR 31.11, please provide the following information:

1. Please confirm that all the radionuclides received from the Radiarium of Independence were not leaking when they were used at your facility located at 17203 E. 23rd Street, Independence, Missouri.
2. Please confirm that all the radionuclides used were returned to the Radiarium of Independence and that a source inventory and a final radiation survey was performed of the patient's room to show that no radioactive sources remained in the patient's room.
3. Please submit a copy of the leak test results of the sealed sources used for the last therapy patient that was performed.
4. Please submit a copy of the inventory of the sealed sources for the last therapy patient that was performed and a copy of the final radiation survey of the patient's room to confirm that no sealed sources were left in the room.
5. Please specify what radionuclides were used for invitro studies authorized under 10 CFR 31.11. Such as iodine-125, hydrogen-3, etc.
6. Please submit the final close-out survey of the room(s) where radioactive materials authorized under 10 CFR 31.11 were used or stored.

Please send a facsimile of your response to the above within 7 days and refer to control **316320**. Please call me at 630-829-9839 if you have any questions.

From the desk of:

A handwritten signature in cursive script that reads "Bill Reichhold". The signature is written in black ink and is positioned below the phrase "From the desk of:". The letters are connected and fluid, with a prominent initial "B" and "R".

Bill Reichhold