

LTS WORKSHEET

DOCKET NO : 03037567 LICENSE NO : 24-32675-02E STATUS: 3
MAIL CONTROL: 022637 RECEIPT DATE : 20071024 ACTION TYPE: 2
DUE DATE : 20080122
FED. GOVT : C INST. CODE : 32675 LICENSE REGION: 0
ISSUE DATE: 20071102 ORIGINAL DATE: 20071102 EXPIRATION DATE: 20171130
NAME : IDEAL SOURCE QUALITY ASSURANCE LLC DECOM FIN ASSUR REQD: N
SUBM: -
DEPT/BUREAU: _____ CONT PLAN REQD: N APPRV: -
BUILDING : _____
STREET : 1309 OVERHILL CT
CITY : COLUMBIA STATE: MO ZIP: 65203
CONTACT PERSON: WILLIAM B. YELON PHONE: 573-529-6820
PRIMARY PGM CODE : 03250 SECONDARY PGM CODES: _____
INSPECTION REGION: 3 PRIORITY CODE: 5 INSPECTION CATEGORY: E2
RADIATION SAFETY OFFICER: William Yelon
RSO PHONE: 573-529-6820 RSO FAX NUMBER: N/A
RSO EMAIL ADDRESS: yelonw@umr.edu
STATES WHERE USE IS AUTHORIZED: 1
0 - ALL LISTED STATES
1 - SAME AS STATE IN ADDRESS
2 - ALL STATES
3 - NON-AGREEMENT STATES
AUTHORIZED STATES: _____ (USE ONLY IF ABOVE IS ZERO)
REPORTING IDENTIFICATION SYMBOL: _____
APPROVAL FOR: REDISTRIBUTION: N STORAGE ONLY: N
TEMPORARY JOB SITES: N INCINERATION: N
BURIAL: N
EXEMPTIONS GRANTED : _____
EXEMPTIONS REQUESTED: _____
EXEMPTIONS DENIED : _____

NAME

AUTHORIZATION

ADDRESS WHERE MATERIAL IS USED OR POSSESSED

BUILDING: 4, Suite 201
ROOM: _____
STREET: 409 Vandiver
CITY: Columbia
STATE: MO
INSPECTION DATE: 65202

INSPECTION DATE: _____

BUILDING: _____
ROOM: _____
STREET: _____
CITY: _____
STATE: _____
INSPECTION DATE: _____

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CITY: _____
STATE: _____
INSPECTION DATE: _____

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LTS WORKSHEET

DOCKET NO : 03037518 LICENSE NO 24-32664-01E STATUS: 3
 MAIL CONTROL: 022617 RECEIPT DATE : 20070723 ACTION TYPE: 2
 DUE DATE : 20071021
 FED. GOVT : C INST. CODE : 32664 LICENSE REGION: 0
 ISSUE DATE: 20071102 ORIGINAL DATE: 20071102 EXPIRATION DATE: 20171130
 NAME : IDEAL SOURCE INTERNATIONAL LLC DECOM FIN ASSUR REQ: N
 SUBM: -
 DEPT/BUREAU: _____ CONT PLAN REQ: N APPRV: -
 BUILDING : _____
 STREET : 55 WEST 39TH ST. 17TH FLOOR
 CITY : NEW YORK STATE: NY ZIP: 10018
 CONTACT PERSON: WILLIAM B. YELON PHD PHONE: 573-529-6820 (cell)
 PRIMARY PGM CODE : 03250 SECONDARY PGM CODES: _____
 INSPECTION REGION: 1 PRIORITY CODE: 5 INSPECTION CATEGORY: EQ
 RADIATION SAFETY OFFICER: William Yelon
 RSO PHONE: Same as Contact RSO FAX NUMBER: N/A
 RSO EMAIL ADDRESS: Yelonw@umc.edu
 STATES WHERE USE IS AUTHORIZED: 1
 0 - ALL LISTED STATES
 1 - SAME AS STATE IN ADDRESS
 2 - ALL STATES
 3 - NON-AGREEMENT STATES
 AUTHORIZED STATES: _____ (USE ONLY IF ABOVE IS ZERO)
 REPORTING IDENTIFICATION SYMBOL: _____
 APPROVAL FOR: REDISTRIBUTION: _____ STORAGE ONLY: ZZ
 TEMPORARY JOB SITES: _____ INCINERATION: ZZ
 BURIAL: ZZ
 EXEMPTIONS GRANTED : _____
 EXEMPTIONS REQUESTED: _____
 EXEMPTIONS DENIED : _____

Change to Ideal Source QA in Columbia, MO.

