

*Colleen Casey*

*9-10-2002*

Colleen C. Casey, MLB, USNRC - Region III

Date

The above signature certifies that this review was performed in accordance with:

\_\_\_ NUREG 1556, Volume(s) \_\_\_ OR  Reg. Guide 10.8, Rev. 2

\_\_\_ Policy & Guidance Directive PG 83-2, Rev. 1, Supplement 1 & NMSS's Streamlining Strategies Memo (signed by Don. Cool) dated 3/12/99

\_\_\_ IVBT OR HDR Guidance dtd \_\_\_ | \_\_\_ Others(specify) \_\_\_

**CATEGORICAL EXCLUSION REVIEW CERTIFICATION**

"An environmental assessment for this action is not required, since this action is categorically excluded under 10 CFR 51.22(c)(14)."

NAME

DATE

AMENDMENT NO.: 28 EXPIRATION DATE: 9-30-2010

LICENSEE NAME: DMC Health Care Centers (new member for DMC Physicians Group)

LICENSE NO.: 21-13255-01 IS THIS A NEW LICENSE? (Y)  (N) \_\_\_

DOCKET NO.: 030-02149 CONTROL NO.: 310767

1. CORRESPONDENCE INCLUDES SIGNATURE BY APPROPRIATE SIGNATORY?  (Y)  (N)  (NA)
2. NOTIFICATIONS?  (N)  (NA)  (Y) LETTERS DATED: \_\_\_\_\_
3. REVIEW FILE FOR ALLEGATIONS? (Y) (N) (Done Previously)
4. COMPLETE THE MATERIALS LICENSE TERMINATION/DECONTAMINATION FORM? (Y) (N)  (NA)
5. CHECK PROGRAM CODE, COMBINE LICENSES, NEW LICENSE, ADD QMP AND NOTIFY INSPECTION OF CHANGES? ADD DFA WORKSHEET? (Y) (N)  (NA)
6. PERTINENT  DOCKET FILE AND/OR ADAMS REVIEW PERFORMED, AS NECESSARY?  (Y)  (N)  (NA)

7. **IF RSO CHANGE, PROVIDE DATE AND TIME WHEN RSO VERIFIED ACCEPTANCE OF POSITION WITH REVIEWER:**

DATE: 9-10-02 TIME: 3:45 pm  AM  PM Seymour Murkes, M.D.

8.  AMENDMENT/RENEWAL ?  LETTER(S)  APPLICATION(S)  DATED  RECEIVED

6/6/02

- Change RSO to Seymour Murkes, MD existing AD on file - verified ok.

- change license name to 'DMC Health Care Centers'

Need correct phone no for Noni radiology.

Delete LIC 13 - poss lt of BPM > 172 d T1/2

*do not apply*

A189

*Noni  
location*