

RADIOCAT

Centers For The Treatment of Feline Hyperthyroldism

40151 Codas Ed. Promis AZ 85032

5610 Kasing Maka RU Son Chego, CA 9211

251 — Ampèles blva Gra Mares, CA 94401

730 Rondsijnir Rai Musikalska, GT 06457

1212 E. Newbort Plac Wilnington, Dt. 19804

9220 lister: Alek Cisminoris BAX Soine 7 Falsio El 33929

> 630 N. Cobb Polkway Worlds: GA 30X62

312 VV Northwest Highway Adingles height IL 6004

8730 Both Skeet Indusepoin, JN 46250

335 Malkor Ave Bellimore, MD 2-228

30 kwan Hilli (d. Waliozini, MA 02154

9797 (iliq Senn (xwi) Sj. Latis, MO 63021

250 Crainel Ave. White Picina INV 10005

223 Sj**etse**rrika Petrisuga 18/15237

393 Vázzás luke Rá Greieville, SC 29607

565 Booklick Rd Springfield, VA 22150

1-800-000-09229 radioscompanols com some achiegos com Br. 2

November 13, 2008

Dennis Lawyer via fax: 610-337-5269 Division of Nuclear Materials Safety U.S. Nuclear Regulatory Commission, Region I 475 Allendale Road King of Prussia, PA 19406

RE: LICENSE NUMBER 45-25330-01 030338**3**5

Dear Mr. Lawyer:

Please amend this license to remove the address, 9937 Big Bend Boulevard, St. Louis, MO, 63021, as a location of use.

A closeout survey for this location is attached. If you have any questions or require additional information, please call me at 847-965-1999.

Sincerely,

Eli a. Pot

Eli A. Port, CHP, CIH, P.E.

Attachments

pc: Rand Wachsstock, DVM

H:\HOME\400001 Health Physics\RADIOCAT\NRC\NRC22.doc

143023 NI SERGNI LATER ALG-002

RADIOCAT

Location: (circle one)

SURVEY FORM

Date of Dosing 5/6/02

After Dosing & After Release II

Final Spot Check)

Follow Up

Activity

3-5

per

Survey Instrument: Make/Model <u>L-3</u> Serial No <u>229461</u> Wipes Counted On: Make/ Model 224/ Serial No. 228428

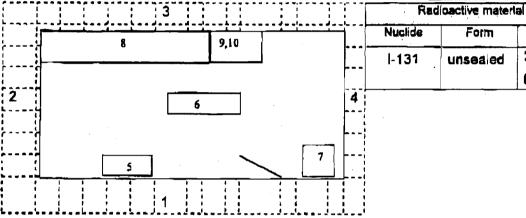
Probe HP 270 Check Source 49

Probe <u>44-9</u> Check Source A

Form

unsealed

Efficiency 0,23



SURVEY FINDINGS

Area	Dose/Exposure Rate (mR/hr)	Direct Surface Emission Rate Removable Activity				
	Surface	Wipe #	Gross cpm	Net Cpm	dpm/ 100cm²	
Background	0.1		53	**		
1. Hallway Wall	BKE	NA	NA	NA	NA	
2. Hallway Wall	NA NA	NA	NA	NA	NA	
3. Outside Wall	NA NA	NA	NA	NA	NA	
4. Steirway	BKG	NA	NA	NA	NA	
5. Slorage Area	NA		41	U	BKG	
6. Table Top	NA		36	0	BKCD	
7. Sink	BKG		48	0	BKG	
8. Cage Front	BKED	NA	NA	NA	NA	
9. Compactor (inside)	NA		19	ರ	BKED	
10. Compactor (outside)	NA .		37	O	BKED	

Comments		-	 	 	 	
			 	 	 	

By Black Int

Date 8 125128

This is to acknowledge the receipt of your letter/application dated						
includes an administrative review has been performed. There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.						
Please provide to this office within 30 days of your receipt of this card						
A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved. Your action has been assigned Mail Control Number 143023.						
When calling to inquire about this action, please refer to this control number. You may call us on (610) 337-5398, or 337-5260.						
NRC FORM 532 (RI) (6-96)	Sincerely, Licensing Assistance Team Leader					

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