

**MATERIALS LICENSING BRANCH
UNITED STATES NUCLEAR REGULATORY COMMISSION**

REGION III
2443 WARRENVILLE ROAD STE 210
LISLE, ILLINOIS 60532-4352
OFFICE: (630)-829-9892 FAX: (630) 515-1078

**CONVERSATION RECORD
ACTUALLY FAXED?**

| TIME

| DATE

YES.

03/24/2010

NAME OF PERSON(S) CONTACTED

ORGANIZATION

TELEPHONE NO

Marcia West, consultant

Kansas City Cardiology Associates, Inc.

O: 816-807-8090

F: 816-974-1443

SUBJECT

License No.: 24-32245-01

Control No.: 318779

SUMMARY

We have reviewed your license amendment request/transfer of ownership dated January 27, 2010, and find that we need additional information as follows:

1. You requested to have 6420 Prospect Avenue, Suite T-509, Kansas City, Missouri to be removed from your license. We cannot authorize licensees to release the areas (excepting areas covered by 10 CFR 35.13(e) and 35.14(b)(4)) or locations of use from licenses for unrestricted use (even by other members of their staff) until we have received and reviewed a copy of the results of decommissioning and close-out surveys for the facilities.

Please respond by stating exactly which licensed materials were used at this location historically and please submit final status survey information covering those radioactive materials.

The final status 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.

Please submit the following information with your close-out survey (refer to 10 CFR 30.36(j)(2)):

- a. Diagrams of each facility with exposure rate survey and wipe test results keyed to specific locations, as appropriate.
- b. The name of the person performing the survey.
- c. The date the survey was performed.
- d. The instrument(s) used for exposure rate measurements and for analysis of the wipes.
- e. Background readings and each instruments' efficiency or correction factor.
- f. The date(s) that the survey instruments were last calibrated.



- g. The action levels for both exposure rate measurements and wipe tests. Include the identity of areas exceeding these levels, corrective actions taken and results of corrective actions taken.
2. Also, in order to release as an unrestricted area of use, please provide the most current leak test results for your sealed sources.

We will be unable to continue processing your request until we receive this information. 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 Record (PARS) component of NRC's document system (ADAMS) accessible from the NRC Website at <http://www.nrc.gov/reading-rem/adams.html>.

ACTION REQUIRED

Please submit a written response within 7-days or contact me to arrange an alternate response date. Be sure to reference control number 318779 to facilitate correct processing of your response.

If we do not receive a written response within 7-days, please note that we may void this request in order to enable you to prepare a quality response without time constraints. This would be done without prejudice to the resubmission of your request at a later date. Upon receipt of your response we will resume our review. Address your written response to my attention at the above address.

Please note that a "Void" is an administrative procedure that puts your amendment request "On Hold" (takes it out of our active casework database) until you reactivate it via submission of a written response.

Upon receipt of your response we will resume our review.

PLEASE DIRECT ANY QUESTIONS YOU MAY HAVE TO ME AT (630) 829-9892.

NAME OF PERSON DOCUMENTING CONVERSATION

Jose Macatangay

SIGNATURE

Jose Macatangay

DATE

03/24/2010

03/24/2010 conversation w/ Marcia West, consultant :

Spoke w/ Marcia West & indicated that we have not received the close-out survey for the 6420 Prospect Ave, Suite T-509, Kansas City, MO location. Ms. West indicated that she would be able to send this shortly (by week of 03/29/2010).

03/24/2010 conversation w/ David Ireland, CFO of KC Cardiology :

Since Marcia West, consultant, was only on the fax cover, I verified with David Ireland, CFO of Kansas City Cardiology Assoc., Inc. that Ms. West was the health physicist consultant. Mr. Ireland indicated that Ms. West ~~is~~ their health physicist consultant and can contact her about this request.

TRANSMISSION VERIFICATION REPORT

TIME : 03/24/2010 12:20
NAME : USNRC RIII
FAX : 6308299782
TEL :
SER.# : 000A7J925774

DATE, TIME	03/24 12:19
FAX NO./NAME	88169741443
DURATION	00:00:52
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

NRC FORM 386 (RIII)
(4-2004)



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2443 Warrenville Road, Suite 210
Lisle, Illinois 60532-4352

TELEFAX TRANSMITTAL

DATE: 03/24/2010

NUMBER OF PAGES: 3
(including this page)

SEND TO: Marcia West, consultant

LOCATION: Kansas City Cardiology Associates, Inc.

FAX NUMBER: 816 - 974 - 1443 **VERIFY BY CALLING SENDER**

FROM: Jose Macatangay *JM*
(SENDER)

TELEPHONE NUMBER: 630 - 829 - 9892 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



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MESSAGE

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.