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 | TIME | DATE
ACTUALLY FAXED? YES. 04/28/2010

NAME OF PERSON(S) CONTACTED	ORGANIZATION	TELEPHONE NO.
Thomas M. Kumpuris, consultant	St. Joseph's Mercy – Oakland	O: 800-321-2207 F: 734-662-9224

SUBJECT
License No.: 21-11651-01 Control No.: 318855

SUMMARY
We have reviewed your letter dated February 2, 2010, requesting an amendment to your byproduct materials license and find we need additional information as follows:

1. Please provide the calibration date of the survey meter used to conduct the close-out surveys.

2. Please confirm if sealed sources were used/stored at 1375 South Lapeer Road, Suite 104, Lake Orion, Michigan. If sealed sources were used/stored at this location, please provide the most current leak test results, typically within the past 6-months. Also, please provide the location or license number to which these sealed sources were transferred and a signed verification of receipt of these sealed sources if transferred to another licensee.

3. In your letter, you indicated that NRC Form 314 was enclosed. This form was not with your submittal. Please provide the referenced NRC Form 314.

4. Pages 4 & 5 were not completed correctly on the submitted NRC Form 313A (RSO), specifically the first section of preceptor attestation. Please re-submit corrected pages 4 & 5 of NRC Form 313A (RSO).

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 correspondence 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 **facsimile a signed written response** within 7-days or contact me to arrange an alternate response date. **Facsimile number is (630) 515-1078.** Be sure to **reference control number 318855** to facilitate correct processing of your response.

If we do not receive a written response within 10-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.

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	SIGNATURE	DATE
Jose Macatangay	Jose Macatangay	04/28/2010

J Johnson 5/17/10