

**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. 05/20/2010

NAME OF PERSON(S) CONTACTED

ORGANIZATION

TELEPHONE NO.

Tom Schlarman, consultant

Ste. Genevieve County Memorial Hospital

O: 618-210-3925

F: 618-473-3528

SUBJECT

License No.: 24-32589-01

Control No.: 319036

SUMMARY

We have reviewed your letter received May 10, 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 scintillation well counter used to analyze the wipe tests.
2. Please confirm if sealed sources were used/stored in your former nuclear medicine department. If sealed sources were used/stored at this location, please provide the most current leak test results, typically within the past 6-months.

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** by May 24, 2010 or contact me to arrange an alternate response date. **Facsimile number is (630) 515-1078**. Be sure to **reference control number 319036** to facilitate correct processing of your response.

If we do not receive a written response by May 24, 2010, 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

05/20/2010

H 5/27/10