

Front Range

Nuclear Services

May 30, 2011

U.S. NRC Region IV
612 E. Lamar Blvd., Suite 400
Arlington, TX 76011-4125

To Whom It May Concern:

Front Range Nuclear Services (FRNS) NRC Radioactive Materials License #49-27531-01 has attached the Final Status Survey (FSS) report for our storage/usage facility located at 3235 Sparks Rd #200 in Cheyenne, WY. Please refer to the letter dated May 3, 2011.

Please see the survey and wipes listed below in reference to the attached map.

Willow Creek (Sparks Rd, Cheyenne, WY)

Close Out Surveys

Area Surveyed	Survey mR/hr	Wipes dpm/100 cm2
Background	0.03	415 (cpm)
Main Door	0.03	0
Main Door Floor	0.03	11
Patient Table	0.03	0
Scan Room Floor	0.03	0
Camera Controls	0.03	0
Work Station Desk	0.03	0
Work Station Desk Floor	0.03	7
Counter where Dose Cal was	0.03	0
Counter where Wipe Unit was	0.03	0
L-Sheild	0.03	0
Hot Lab Counter	0.03	28
Hot Lab Floor	0.03	0
Waste Disposal Storage Area (where the box use to be)	0.03	0
Waste Disposal Storage Area Floor (where the box use to be)	0.03	0
Injection Room Floor where chair was	0.03	4
Waiting Room Floor where chair was	0.03	0
Stress Room where treadmill was	0.03	0
Stress Room where pt bed was	0.03	0



Survey Meter=Ludlum 44-9 Model 14C Serial #
240809

Wipe Unit=Canister CRC-55tW Serial #560028

*Action Levels=0.01 mR/hr above background in uncontrolled areas (non-storage areas)

*Action Level= 100 dpm/100 cm2

Completed By Valerie Johnson Date 5/31/11

Counts obtained by taking 1-minute wipe tests.

Wipe units deviation prior to performing test was -1.1% and energy deviation -0.4%.

Please contact me if you have any additional questions (307) 631-1570 or by email at
Valerie.Johnson@frnsinc.com.

Sincerely,

A handwritten signature in cursive script that reads "Valerie Johnson".

Valerie Johnson
Radiation Safety Officer

Front Range Nuclear Services

To: Whom It May Concern

Fax: (817) 860-8263

From: Val Johnson

Date: 5/31/11

Re: Close Out Surveys Willow Creek

Pages: 3

CC:

☐ I want

☐ For Review

☐ Please Comment

☐ Please Reply

☐ Please Reply to

Phone:
(307)637-4199

Fax:
(307)637-2335

Email Address:
valerie.johnson
@frnsinc.com

*The content enclosed in this fax is considered confidential and is covered by federal and state law governing electronic communications and may contain confidential and legally privileged information. It is intended solely for the addressee. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, use or copying of this message is strictly prohibited. Please immediately contact the sender if you have received this message in error, and destroy all copies of the original. Thank you.

5 7 5 4 1 4

JUN 20 2011

This is to acknowledge the receipt of your letter/application dated 5/30/11 and to inform you that the initial processing, which includes an administrative review, has been performed.

DATE

- ☒ There were no administrative omissions. Your application will be 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:

The action you requested is normally processed within 180 days.

- ☐ 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** 1575414
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,


Licensing Assistant

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

Program Code: 02220
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date:
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: FRONT RANGE NUCLEAR SERVICES
Received Date: 05/31/2011
Docket Number: 3033968
Mail Control Number: 575414
License Number: 49-27531-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / /)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment: _____

Renewal: _____

License: _____

3. OTHER _____

Signed: _____

Date: _____