



Jacqueline D. Cook, Senior Health Physicist
U.S. Nuclear Regulatory Commission, Region IV
Division of Nuclear Materials Safety
Nuclear Materials Safety, Branch B
612 East Lamar Boulevard, Suite 400
Arlington, TX 76011-4125



Re: NRC License # 40-02331-19

May 2, 2013

Ms. Cook,

I would like to request an expedited amendment to our license. You will see that our in our list of sources, in Section 6, Item J is for sealed Th-228 sources, Eckert and Ziegler Model No. VZ-3631, with an activity level of 0.28 microcuries per source and total of 1.68 microcuries. We would like to add a new line item to Section 6, allowing the purchase and receipt of an additional sealed Th-228 source: Eckert & Ziegler Model No. 3636, with an activity level of 0.14 microcuries per source, and a total of 1.68 microcuries.

If you have any questions, please do not hesitate to contact me.

Thanks for your help,

Kevin O'Kelley
Director of Environmental, Health & Safety

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

- ☐ A.3 Sensitive-Security Related
☐ A.7 Sensitive Internal
☐ Other: _____

Reviewer: gpc Date: 7/3/13

Cook, Jackie

From: OKelley, Kevin L [Kevin.OKelley@usd.edu]
Sent: Thursday, May 02, 2013 11:39 AM
To: Cook, Jackie
Cc: Jaret Heise
Subject: UNIVERSITY OF SOUTH DAKOTA
Attachments: 40-02331-19L.doc

Importance: High

Ms. Cook,

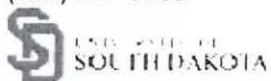
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Thanks for your help,

Kevin

Kevin O'Kelley
Director of Environmental, Health & Safety
University of South Dakota
414 E. Clark St.
Slagle Hall 203
Vermillion, SD 57069
(605) 677-6265



EHS Resource Page

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]

INFORMATION FROM WBL

Program Code: 01110
Status Code: Pending Amendment
Fee Category: 3L 4A
Exp. Date: 06/30/2014
Fee Comments:
Decom Fin Assur Req: Y

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SOUTH DAKOTA, UNIVERSITY OF
Received Date: 05/02/2013
Docket Number: 3015186
Mail Control Number: 580626
License Number: 40-02331-19
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: _____