

47-18320-01
030-14841

From: [Gallagher, Robert](#)
To: [Vicki Novick \(vnovick@wetzhealth.org\)](mailto:vnovick@wetzhealth.org)
Cc: [Lanzisera, Penny](#)
Subject: RAI for Wetzel County Hospital Renewal 583934
Date: Wednesday, August 13, 2014 3:47:00 PM
Attachments: [Wetzel County Renewal RAI.docx](#)
[image001.png](#)

Dear Ms. Novick,

The attached document contains a request for additional information in support of your application to renew License No. 47-18320-01 issued to Wetzel County Hospital. Please contact me should you have any questions.

Regards,

Robert L. Gallagher
Health Physicist
U.S. NRC, Region I
2100 Renaissance Blvd.
King of Prussia, PA 19406
(610) 337-5182 office
(610) 337-5269 fax

NRC Seal



583934

License No. 47-18320-01
Docket No. 030-14841
Control No. 583934

Dear Ms. Novick;

The following information is requested in support of the application to renew License No. 47-18320-01 for Wetzel County Hospital:

1. Please confirm licensed material will be used or stored only at your facility located at 3 East Benjamin Drive, New Martinsville, West Virginia.
2. On a detailed version of your facility diagram, please identify adjacent areas, including areas above and below, across the walls from use and storage locations and show that adequate steps have been taken to assure that radiation levels in unrestricted areas will not result in doses to individual members of the public in excess of those specified in 10 CFR 20.1301. In addition, please indicate the location of your stress room(s) and what areas are considered to be restricted as defined by 10 CFR 20.1003.
3. Please indicate if you possess any sealed sources that do not fall under 10 CFR 35.65. If you find that you do possess sealed sources that do not fall under 10 CFR 35.65 please provide the manufacturer, radioisotope, model number, serial number, and activity for all sealed sources.
4. Please include the manufacturer and model numbers of your survey instrument probes. Also, please indicate the instrument used to measure wipe tests. This is typically a well counter.
5. Please include contact information (i.e. phone number and email address) for your certifying official. Please identify if this information is public.
6. Please confirm the spelling of Dr. DeFilippo's name (i.e., does it contain one l or two l's).
7. Please note that pages 4 and 5 of your application contains errors (e.g., area surveys incorrectly reference 10 CFR 20.1101 and 20.1301 instead of 20.1501 and 35.70); however, Table C.3 was included in your application with the correct references.