



CONVERSATION RECORD

8/12/15

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU Walter Kopecky		DATE OF CONTACT 8/12/15	TYPE OF CONVERSATION <input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING
E-MAIL ADDRESS kopecky@mvp.net		TELEPHONE NUMBER (314) 275-8224	

ORGANIZATION Callaway Community Hospital	DOCKET NUMBER(S) 030-36912
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LICENSE NUMBER(S) 24-32566-01	CONTROL NUMBER(S) 586453
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SUBJECT
Our review of your request for renewal dated April 2, 2015.

SUMMARY

We have reviewed your renewal application and find that we are unable to continue this action until we have received additional information outlined below. Include your response in a signed and dated cover letter. The letter can either be faxed to 630-515-1078 or it can be scanned into a pdf and emailed to the email address below.

If you have any questions, you can reach me at (630) 829-9862 or vered.shaffer@nrc.gov.

As discussed, we expect to receive your written response on or before August 28, 2015.

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ACTION REQUIRED (IF ANY)

The NRC has received your renewal application. We need the following additional information:

- 1) A Delegation of Authority between the RSO and the licensee's management was not included with the application received. It is a required part of your application. Please provide a signed and dated Delegation of Authority. A sample of a Delegation of Authority can be found in NUREG-1556, Vol. 9, Rev. 2, Appendix I.
- 2). Please resubmit the facility diagram to include the location of the hotlab as well as what is in the surrounding areas around the room(s) of use.
- 3). Please resubmit the renewal application with correct appendices referenced from NUREG-1556 Vol. 9. Or resubmit the application using the checklist in Appendix C of NUREG-1556, Vol. 9, rev. 2.

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NAME OF PERSON DOCUMENTING CONVERSATION
Vered A. Shaffer, Materials Licensing Branch, Region III Office, 2443 Warrenville Road, Suite 210, Lisle, Illinois 60532

SIGNATURE