

DCD/DCB

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Fletcher Paper Company
ATTN: Mr. Harry Bryant
Systems Dept. Manager
318 Fletcher Street
Alpena, MI 49707

License No. 21-20319-02

Gentlemen:

This refers to a telephone contact conducted on September 29, 1989.

This contact was an examination of activities conducted under your license as they relate to radiation safety and to compliance with the Commission's rules and regulations and with the conditions of your license. The contact consisted of discussions between you and Rose Pankratz of my staff.

No regulatory concerns were identified.

If you have any questions regarding this contact, you may contact us at (312) 790-5735.

Sincerely,

R. J. Caniano, Chief
Nuclear Materials Safety
Section 2

cc: DCD/DCB (RIDS)

bcc: Technical Assistant, DRSS

R111
RP 10-2-89
Pankratz/jh

R111
Caniano
10/5/89

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CERTIFICATE OF DISPOSITION OF MATERIALS

(All items **MUST** be completed, please print)

LICENSEE NAME AND ADDRESS	LICENSE NUMBER
	LICENSE EXPIRATION DATE

THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT: (Check and/or complete the appropriate item(s) below.)

A. MATERIALS DATA (Check one and complete, as necessary)

1. NO MATERIALS HAVE EVER BEEN POSSESSED OR PROCURED BY THE LICENSEE UNDER THIS LICENSE.

OR

2. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN TRANSFERRED ON

DATE	TO	WHICH HAS NRC LICENSE NUMBER
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OR

3. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN TRANSFERRED ON

DATE	TO	WHICH HAS LICENSE NUMBER	ISSUED BY THE STATE OF
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OR

4. MATERIALS HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER. (Describe specific disposal procedures--if additional space is needed, use the reverse of this form, or provide attachments)

B. OTHER DATA

1. OUR LICENSE HAS NOT YET EXPIRED; PLEASE TERMINATE IT.

2. WAS A RADIATION SURVEY CONDUCTED TO CONFIRM THE ABSENCE OF LICENSED RADIOACTIVE MATERIALS AND TO DETERMINE WHETHER ANY CONTAMINATION REMAINS ON THE PREMISES COVERED BY THE LICENSE? (Check one)

NO

YES, THE RESULTS (Check one)

ARE ATTACHED, OR

WERE FORWARDED TO NRC ON (Date)

3. THE PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM

NAME	TELEPHONE NUMBER
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4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO

RETURN TO: U.S. Nuclear Regulatory Commission Office of Inspection & Enforcement Region III 799 Roosevelt Rd. Glen Ellyn, Illinois 60137	CERTIFYING OFFICIAL	
	SIGNATURE	DATE
	PRINTED NAME AND TITLE	