

FILE COPY

NOV 22 1985

Enviro-Test, Inc.
ATTN: R. J. Jakubiec, Ph.D.
Laboratory Director
319 Ogden Avenue
Downers Grove, IL 60515

Gentlemen:

Enclosed is Amendment No. 01 which terminates your NRC License Number 12-17251-03 in accordance with your request.

If you have any questions or require clarification on any of the information stated above, you may contact us at (312) 790-5625.

Sincerely,

Original Signed By
B. J. Holt
Materials Licensing Section

Enclosure: Amendment No. 01

8602240356 851122
REG3 LIC30
12-17251-03 PDR

R111

Holt/cm
11/20/85

11/21/85

CONVERSATION RECORD

TIME

11:00

DATE

10/18/85

TYPE

☐ VISIT

☐ CONFERENCE

☒ TELEPHONE

☐ INCOMING

☒ OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Mr. E. Winkler

ORGANIZATION (Office, dept., bureau, etc.)

Illinois Benedict

TELEPHONE NO.

960-1500

SUBJECT

Amendment Request

Control No. 79231

SUMMARY

I asked Dr. Winkler about the status of the GC given to him by Enviro-Test.

He said that they are trying to get rid of it and will contact me next week about their disposal plans.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

ACTION TAKEN

SIGNATURE

TITLE

DATE

CONVERSATION RECORD

TIME

5:15

DATE

9/26/85

TYPE

☐ VISIT☐ CONFERENCE☒ TELEPHONE☐ INCOMING☒ OUTGOING

ROUTING

NAME/SYMBOL INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

ORGANIZATION (Office, dept., bureau, etc.)

ENVIRON Test

TELEPHONE NO.

SUBJECT

Amendment Request
Control No. 79231

SUMMARY

I left a message for Mr. Jakubiec informing him that we cannot terminate his license because ~~but~~ he did not transfer the EC Detector to an authorized recipient. Mr. Beredutone is not authorized to receive the source that was transferred.

ACTION REQUIRED

Contact me on Monday 9/30/85

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

ACTION TAKEN

SIGNATURE

TITLE

DATE

SIGNATURE

37111

DATE _____

ACTION TAKEN

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE _____

Enclosed the above, my fee is enclosed for
 ACTION REQUIRED. I want to terminate a license. I want
 to determine what will determine a date when
 an amendment must be termination is necessary.
 an amendment fee will be required if there is not

SUMMARY

SUBJECT

NAME OF PERSON(S) CONTACTED OR IN CONTACT

Location of Visit/Conference:

VISIT ☐☐ CONFERENCETELEPHONE

INCOMING ☒

OUTGOING ☒

ORGANIZATION (Office, dept., bureau, etc.) *Enclave*
TELEPHONE NO. *696-22*

4672	Blue Kabocha
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Yt altat 6/24/83 - Lic # 12-17251-03

ROUTING	NAME/SYMBOL	INT
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DATE _____

TIME

CONVERSATION RECORD

TYPE