

**From:** Michelle Simmons  
**To:** JANUNN@vt.edu  
**Date:** Mon, May 16, 2005 3:23 PM  
**Subject:** Additonal information needed for Norton Community Hospital  
**Place:** LAT

License No. 45-23057-01  
Docket No. 03020223  
Control No. 136360

Dear James Nunn:

This is in reference to your application dated January 25, 2005 requesting to renew Nuclear Regulatory Commission License No. 45-23057-01. In order to continue our review, we need the following additional information.

1. Describe areas above/below/behind hot lab and indicate dose rates in these areas.
2. Indicate dose rates in bathroom next to hot lab.
3. Indicate survey instruments used for swipes and area surveys.
4. Additional swipes are needed in the old facility for decommissioning (Only 6 swipes were taken originally as indicated in your renewal package).

Note also that a management representative should sign all correspondence that requests a change in your license. Please send deficiency response and letter signed by a management representative, as soon as possible, by facsimile as email responses are not accepted.

Sincerely,

Michelle Simmons

Physicist

Medical Branch

Materials Safety

Health

Division of Nuclear

**CC:** LAT

**Mail Envelope Properties**

(4288F34D.8A4 : 23 : 10032)

**Subject:** Additonal information needed for Norton Community Hospital  
**Creation Date:** Mon, May 16, 2005 3:23 PM  
**From:** Michelle Simmons

**Created By:** MRS5@nrc.gov

**Recipients**

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**Options**

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