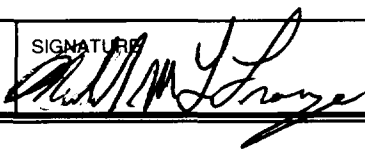


<b>CONVERSATION RECORD</b>		TIME:	DATE: 9/8/2006
<b>TYPE</b> <input type="checkbox"/> VISIT <input type="checkbox"/> CONFERENCE <input checked="" type="checkbox"/> TELEPHONE <span style="float: right;"><input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING</span>			
NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU Dr. Brian Kennedy - RSO		ORGANIZATION (Office, dept., bureau, etc.) Indiana University School of Medicine	TELEPHONE NO. 219-980-6520
<b>SUBJECT</b> Request additional information regarding decommissioning questions of a former facility where RAM was stored/used.			
<b>SUMMARY</b> <p>The licensee was asked to provide the following additional information to the NRC so that an adequate review could be completed concerning the demolition of a building in 2004 where RAM was stored/used.</p> <ol style="list-style-type: none"> <li>1. Request historical information concerning the demolished building such as records or any RAM spills in the building, former nuclide usage and disposal of material via the sewer system.</li> <li>2. Request drawings/blueprints of sewer disposal system to identify locations where licensed material may have accumulated (traps, or other water retention areas).</li> </ol> <p>License No.: 13-18384-01 Docket No.: 030-14970</p>			
<b>ACTION REQUIRED</b> Licensee indicated that the information would be provided within 2 weeks of the date of this telephone conversation. If not, the licensee will contact NRC to provide additional time estimates.			
NAME OF PERSON DOCUMENTING CONVERSATION Michael LaFranzo - MIB Radiation Specialist		SIGNATURE 	DATE 9/8/06
<b>ACTION TAKEN</b>			
SIGNATURE		TITLE	DATE