

**From:** [Gallagher, Robert](#)  
**To:** [lab@kcevt.com](mailto:lab@kcevt.com)  
**Cc:** [Gallagher, Robert](#)  
**Subject:** Request for Additional Information  
**Date:** Thursday, August 13, 2015 11:05:00 AM  
**Attachments:** [image001.png](#)

---

License No. 44-19115-02  
Docket No. 03022089  
Control No. 588412

PLEASE CONFIRM RECEIPT OF THIS REQUEST FOR ADDITIONAL INFORMATION BY RETURN EMAIL

To: Eric Goddard

In order to continue our review of your request to renew License No. 44-19115-02 the following additional information is requested:

1. Please confirm the cell phone number provided in your application is for the business and is not a personal cell phone number.
2. Please confirm that you will commit to the ERRATA dated July 5, 2005, to NUREG-1556, Volume 1, Revision 1 entitled "Appendix H – Operating, Emergency, and Security Procedures."
3. Please complete the checklist found in Appendix B of NUREG-1556, Volume 1, Revision 1 and submit along the responses to 1 and 2 above.

We will continue our review upon receipt of the above information. Please contact Robert Gallagher at (610) 337-5182 with any questions.

Regards,

Robert L. Gallagher  
Health Physicist  
U.S. NRC, Region I  
2100 Renaissance Blvd.  
King of Prussia, PA 19406  
(610) 337-5182 office  
(610) 337-5269 fax

