

**From:** [Elliott, Robin](#)  
**To:** [Adam Henry \(ahenry@keystonephysics.com\)](mailto:ahenry@keystonephysics.com)  
**Subject:** Request for Additional Information  
**Date:** Thursday, January 11, 2018 8:23:00 AM

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License No.: 07-14850-01

Docket No: 030-07565

Bayhealth Medical Center:

This refers to your request to amend your license dated December 19, 2017. In order to continue our review of your request, the following additional information is needed:

1. Please provide copies of leak tests conducted on the sealed sources transferred to 540 S. Governors Avenue, Dover, DE.
2. Confirm that the sealed sources used at this facility never leaked.
3. Provide calibration documentation for the Ludlum 2200 Scaler Serial Number 128309 and the Biodex 14 C serial number 130380.
4. Confirm that all waste material has been disposed through appropriate methods.

Your reply must be an originally signed and dated letter. The letter may be scanned and submitted as a pdf document attached to an email; or it may be transmitted by facsimile to (610) 337-5269; or it may be sent by regular mail. If we do not receive a reply from you within 30 calendar days from the date of this e-mail, we will assume that you do not wish to pursue your amendment.

Please respond by e-mail to acknowledge that you have received the e-mail request for additional information.

Regards,

*Robin L. Elliott*

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