

Spotts, Stevens and McCoy, Inc.



CONSULTING ENGINEERS

June 21, 1985

MS 16
P8

United States Nuclear Regulatory Commission
631 Park Avenue
King of Prussia, PA 19406

Attention: John E. Glenn, PhD, Chief

Re: License No. 37-20769-01
Docket No. 030-22052
Control No. 103821

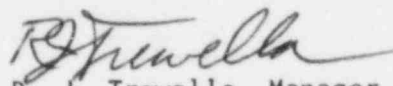
Gentlemen:

Pursuant to a telephone conversation with Ms. Judy Joustra of your office, I am submitting this letter to clarify items 2 and 3 in my response letter dated June 11, 1985 to your letter of deficiency to me dated May 31, 1985.

In regards to cleaning the Troxler device, Item 10.2.C.4 of our application, the source rod on the device will not be removed by any Spotts, Stevens and McCoy, Inc. employee. When cleaning is required the device will be sent to the manufacturer for this purpose.

I hope this information is sufficient for you to continue your review of our application.

Very truly yours,


R. J. Trewella, Manager
Laboratory Services

RJT:mh

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37-20769-01 PDR

03821
"OFFICIAL RECORD COPY"

ML10

JUN 25 1985

REPLY TO: ○ HOME OFFICE • 345 N. Wyomissing Blvd., P.O. Box 6307, Reading, PA 19610-0307 • (215) 376-6581
○ INDUSTRIAL HYGIENE LABORATORY • 345 N. Wyomissing Blvd., P.O. Box 6307, Reading, PA 19610-0307 • (215) 376-6581
○ CHEMISTRY LABORATORY • 30 Noble Street, P.O. Box 6527, Reading, PA 19611-0527 • (215) 376-4595
○ LEHIGH VALLEY OFFICE • R.D.#6, Box 347, Blakeslee Boulevard, Lehigh Valley, Pennsylvania 18235 • (215) 377-5210
○ BALTIMORE OFFICE • 5509 York Road, Baltimore, Maryland 21212-3897 • (301) 435-3400

DATE

TIME

6/21/85
10:40

☐ A.M.
☐ P.M.

TELEPHONE OR VERBAL CONVERSATION RECORD

☐ INCOMING CALL

☒ OUTGOING CALL

☐ VISIT

PERSON CALLING

OFFICE/ADDRESS

PHONE NUMBER

EXTENSION

J.A. Soustra

Region I

5257

PERSON CALLED

OFFICE/ADDRESS

PHONE NUMBER

EXTENSION

Mr. Kieffer

Spotts, Stevens & McCoy

25

376-4595

CONVERSATION

SUBJECT

verification that if source rod removed survey meter will be available

SUMMARY

Mr. Kieffer stated source rod will not be removed for cleaning. he will send letter to verify.

REFERRED TO:

ACTION REQUESTED

ACTION TAKEN

☐ ADVISE ME OF ACTION TAKEN.

INITIALS

DATE

INITIALS

DATE

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ML10