

From: [Gallagher, Robert](#)
To: ["alfredburris@hotmail.com"](mailto:alfredburris@hotmail.com)
Subject: Request for Additional Information
Date: Wednesday, December 15, 2021 12:48:00 PM
Attachments: [image003.png](#)

License No. 08-30897-02
Docket No. 03036532
Control No. 629131

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

Dr. Burris,

When was the last time licensed materials were used at your facility in Washington, D.C. (1328 Southern Ave., S.E., Suite 214)?

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

