

DL-011498-01



UNITED STATES NUCLEAR REGULATORY COMMISSION

REGION II ATLANTA TELETYPE CENTER 61 FORSYTH STREET, S.W. SUITE 23785 ATLANTA GEORGIA 30303-3415

TO: L.F. Smith Jr MD License No. 45-11483-01
Company Hematology Oncology Title
Fax No. (703) 931-7952

FROM: Anne Heim
Nuclear Materials Licensing/Inspection Branch
Division of Nuclear Materials Safety
Fax No. (404) 562-4955 Voice (404) 562-4723
Date 1/14/98

SUBJECT: YOUR REQUEST FOR TRANSFER OR TERMINATION OF NRC LICENSE

Please provide the following information, in addition to the NRC Form 314 (Certificate of Disposition of Materials):

All records considered important to the safe and effective decommissioning of the facility, in accordance with 10 CFR 30.35(g), 40.36(f), §70.25(g) and §72.30(d); and all records concerning public dose and waste disposal, have been transferred to:

1. Name _____ (Successor)
License No. _____
Address _____
City _____ State _____
Phone () _____ Fax No. () _____
OR

2. US NRC Region II, Nuclear Materials Licensing/Inspection Branch, Division of Nuclear Materials Safety
OR

X 3. There is no residual contamination of the facility or environs from licensed materials.
Signature [Handwritten Signature]
L.F. SMITH, M.D.
Printed Name and Title DIRECTOR

G:\DNMS\FORMS\Term fax 1-20-98 Date
(703) 931-7952

(6-92)
10 CFR 20.36(c)(1)(iv)
10 CFR 40.42(e)(2)(iv)
10 CFR 70.38(e)(1)(iv)

ESTIMATED NUMBER FOR RESPONSE TO COMPLY WITH THIS MANDATORY INFORMATION COLLECTION REQUEST: 20 MINUTES. THIS QUESTIONNAIRE IS USED BY NRC AS PART OF THE BASIS FOR ITS DETERMINATION THAT THE FACILITY HAS BEEN CLEARED OF RADIOACTIVE MATERIALS BEFORE THE FACILITY IS RELEASED FOR UNRESTRICTED USE. FORWARD COMMENTS RELATING TO THIS QUESTIONNAIRE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (110 732), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20545-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0028) OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503. AN AGENCY MAY NOT CONDUCT OR SPONSOR, AND A PERSON IS NOT REQUIRED TO RESPOND TO, A COLLECTION OF INFORMATION UNLESS IT REPLACES A CURRENTLY VALID AND CONTROL NUMBER.

CERTIFICATE OF DISPOSITION OF MATERIALS

INSTRUCTIONS: ALL ITEMS MUST BE COMPLETED - PRINT OR TYPE
SEND THE COMPLETED CERTIFICATE TO THE NRC OFFICE SPECIFIED ON THE REVERSE

LICENSEE NAME AND ADDRESS

NUCLEAR SERVICES
HEMATOLOGY ONCOLOGY
5212 DAWES AVE
ALEXANDRIA, VA. 22311

LICENSE NUMBER

45-2128301

LICENSE EXPIRATION DATE

2-28-98

A. MATERIALS DATA (Check one and complete as necessary)

THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT:

(Check and/or complete the appropriate item(s) below.)

- 1. NO MATERIALS HAVE EVER BEEN PROCURED OR POSSESSED BY THE LICENSEE UNDER THIS LICENSE
- OR
- 2. ALL ACTIVITIES AUTHORIZED BY THE LICENSE HAVE CEASED AND ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSE NUMBER CITED ABOVE HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER. (If additional space is needed, use the reverse side or provide attachments.)

SEE ATTACHMENT

Describe specific material transfer actions and, if there were radioactive wastes generated in terminating this license, the disposal actions including the disposition of low-level radioactive waste, mixed waste, Greater-than-Class-C waste, and sealed sources, if applicable

For transfers, specify the date of the transfer, the name of the license recipient, and the recipient's NRC license number or Agreement State name and license number.

If materials were disposed of directly by the licensee rather than transferred to another licensee, licensed disposal site or waste contractor, describe the specific disposal procedures (e.g., decay in storage)

B. OTHER DATA

- 1. OUR LICENSE HAS NOT YET EXPIRED, PLEASE TERMINATE IT.
- 2. A RADIATION SURVEY WAS CONDUCTED BY THE LICENSEE TO CONFIRM THE ABSENCE OF LICENSED RADIOACTIVE MATERIALS AND TO DETERMINE WHETHER ANY CONTAMINATION REMAINS ON THE PREMISES COVERED BY THE LICENSE. (Check one)
 - NO (Attach explanation)
 - YES, THE RESULTS (Check one)
 - ARE ATTACHED, or
 - WERE FORWARDED TO NRC ON (Date) 12-30-97

3. THE PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM

NAME
FAITH JODOIN

TELEPHONE NUMBER
(Include Area Code)
(703)931-7786

4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO

HEMATOLOGY ONCOLOGY
5226 DAWES AVE
ALEXANDRIA, VA. 22311

CERTIFYING OFFICIAL

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

PRINTED NAME AND TITLE
Faith Jodoin, R.N.
Office Manager

SIGNATURE
Faith Jodoin

DATE
1-20-98

WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECTS. 18 U.S.C SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTIONS

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LICENSE FEE TRANSMITTAL

A. REGION II

1. APPLICATION ATTACHED

Applicant/Licensee: HEMATOLOGY & ONCOLOGY ASSOC. LTD.
Received Date: 980105
Docket No: 3019733
Control No.: 257767
License No.: 45-21283-01
Action Type: Termination

2. FEE ATTACHED

Amount: NONE
Check No.: _____

3. COMMENTS

Signed DIANE HEIM
Date 1/6/97

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered 1/1)

1. Fee Category and Amount: TC

FEE EXEMPT

2. Correct Fee Paid Application may be processed for: Termin
Amendment
Renewal _____
License _____

3. OTHER _____

Signed Kita Missler
Date 1/13/98

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| RECEIVED BY LIMS |
| <u>1/13/98</u> |
| <u>Jan 3 II</u> |
| <u>Exempt</u> |
| Date Completed: <u>1/13/98</u> |