

OFFICIAL RECORD COPY
MATERIALS LICENSE
SUPPLEMENTARY SHEET

License Number	52-21090-01
Docket or Reference Number	030-19759
Amendment No. 05	

DL-032897-03

Carlos R. Del Valle, M.D.
P.O. Box 670
Dorado, Puerto Rico 00646

In accordance with Certificate of Disposition of Materials dated March 10, 1997, License Number 52-21090-01 is hereby terminated.

FOR THE U.S. NUCLEAR REGULATORY COMMISSION

DAVID J. COLLINS

010028

Date MAR 28 1997

By David J. Collins

Region II, Division of Nuclear Materials Safety
101 Marietta Street N.W., Suite 2900
Atlanta, GA 30323

n:\MLICENSE\52-21090.T

3/28/97

9705010058 970328
PDR ADOCK 03019759
C PDR



17620

BETWEEN:
License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS
: : : : :
: Program Code: 02210
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20030131
: Fee Comments:
: Decom Fin Assur Req'd: N
: : : : :
: : : : :

1997 APR 01 PM 2:15

LICENSE FEE TRANSMITTAL

A. REGION II

1. APPLICATION ATTACHED
Applicant/Licensee: DEL VALLE, M.D., CARLOS R.
Received Date: 970317
Docket No.: 3019759
Control No.: 257420
License No.: 52-21090-01
Action Type: Termination

2. FEE ATTACHED
Amount: NONE
Check No.: _____

3. COMMENTS

Signed DIANE HEIN
Date 3/18/97

B. LICENSE FEE MANAGEMENT BRANCH (Check when all license fees are entered)

1. Fee Category and Amount: 7C
2. Correct Fee Paid. Application may be processed for:
Renewal License
3. OTHER

Signed Vita Morrison
Date 3/30/97

DATE	3/21/97
TIME	11:00 AM
INITIALS	DM
SIGNATURE	<u>Vita Morrison</u>
DATE	3/24/97

(6 95)
10 CFR 30.36(c)(1)(iv)
10 CFR 40.42(c)(1)(iv)
10 CFR 70.38(c)(1)(iv)

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS MANDATORY INFORMATION COLLECTION REQUEST IS 30 MINUTES. THIS SUBMITTAL IS USED BY NRC AS PART OF THE BASIS FOR ITS DETERMINATION THAT THE FACILITY HAS BEEN CLEARED OF RADIOACTIVE MATERIAL BEFORE THE FACILITY IS RELEASED FOR UNRESTRICTED USE. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (T 6 F33), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20556-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0028), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503. AN AGENCY MAY NOT CONTACT OR SPONSOR, AND A PERSON IS NOT REQUIRED TO RESPOND TO, A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A CURRENTLY VALID OMB 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

Del Valle, M.D., Carlos R
PO Box 670
Dorado, PR 00646

LICENSE NUMBER

52-21090-01

LICENSE EXPIRATION DATE

January 31, 2003

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.
- 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.)

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. Please see attached copy of Shipper's Declaration of Dangerous Goods of Federal Express. Radioactive activity left and at 1 meter were calculated by Osiris Soriano of The Radiologic Division, Health Dept of PR (tel (781) 274-7516)

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.

Date February 10, 1997
Recipient: CG Soares, Health Physics
National Institute of Standards & Technology
License # SNM-362 Amendment No 1

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)

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

NAME

Carlos Del Valle, M.D.

TELEPHONE NUMBER (Include Area Code)

(787) 796 4155

4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO

Carlos Del Valle, M.D.
PO Box 670
Dorado, PR 00646

207430

CERTIFYING OFFICIAL

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

PRINTED NAME AND TITLE

Carlos Del Valle, M.D.
Ophthalmologist - Radiation Safety Officer

SIGNATURE

DATE

March 10, 1997

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



UNITED STATES
 NUCLEAR REGULATORY COMMISSION
 REGION II
 101 MARIETTA STREET, N.W., SUITE 2900
 ATLANTA, GEORGIA 30323-0199

TELEFAX

TO: Del Valle, M.D., Carlos R License # 52-21090-01
PO Box 670, Dorado, PR 00646

Attn: _____ Title: Radiation Safety Officer

FAX: (787) 879-3894 CITY Dorado, STATE PR

FROM: _____ TITLE: _____

DIVISION OF NUCLEAR MATERIALS SAFETY

DATE: _____

FAX: () - _____ VOICE: () - _____

SUBJECT: YOUR REQUEST FOR TRANSFER OR TERMINATION OF NRC LICENSE

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

All records important to the safe and effective decommissioning of the facility [10 CFR 30.35(g), 40.36(f), 70.25(g), and 72.30(a)]; and all records concerning public dose and waste disposal, have been transferred to:

1. Name: B-131 Radiation Physics [Successor]
CG Soares, Health Physics
National Institute of Standards and Technology
 License # SNM-362 Street: I-270 HT Gaithersburg
 City: Gaithersburg, State: MD

OR

2. USNRC, Attn: Nuclear Materials Licensing Section, at the above address,

AND

3. There is no residual contamination of the facility or environs from licensed materials.

Signature: [Signature] Date March 10, 1997

Printed Name and Title: Carlos Del Valle, MD
Radiation Safety Officer

207420

SHIPPER'S DECLARATION FOR DANGEROUS GOODS

(Provide at least two copies to the airline)

Shipper **DR. CARLOS DEL VALLE**
RADIATION SAFETY OFFICER
410 MENDEZ VIGO ST. SUITE 201
DORADO, P.R. 00646

Air Waybill No. **400-9279-4656**
 Page **1** of **1** Pages
 Shipper's Reference Number
(optional)

Consignee **C. G. SOARES, HEALTH PHYSICS**
NATIONAL INSTITUTE OF STANDARDS & TECHNOLOGY
I-270 AT QUINCE ORCHARD ROAD
B-181 RADIATION PHYSICS
GAITHERSBURG, M.D. 20899-0001



Two completed and signed copies of this Declaration must be handed to the operator.

WARNING

TRANSPORT DETAILS

Failure to comply in all respects with the applicable Dangerous Goods Regulations may be in breach of the applicable law, subject to legal penalties. This Declaration must not, in any circumstances, be completed and/or signed by a consolidator, a forwarder, or an IATA cargo agent.

This shipment is within the limitations prescribed for:
(delete non-applicable)

PASSENGER AND CARGO AIRCRAFT	CARGO AIRCRAFT ONLY
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Airport of Departure: **STJL**

Airport of Destination: **IAD**

Shipment type: (delete non-applicable)

NON-RADIOACTIVE	RADIOACTIVE
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NATURE AND QUANTITY OF DANGEROUS GOODS

Dangerous Goods Identification					Quantity and type of packaging	Packing Inst.	Authorization
Proper Shipping Name	Class or Division	UN or ID No.	Pack- ing Group	Subsidi- ary Risk			
RADIOACT - MATER. N.O.S.	7	UN 2982			SR-90 METAL Solid 1 Package Type A Activity: 87.4 mCi 1 metal: 0.1 mR/hr	II yellow TI=0.1 1-5 gal. Dim: 30 cm x 34 cm x 88 cm	

Additional Handling Information

Emergency Telephone Number **(787) 796-4155**

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable International and National Governmental Regulations.

Name/Title of Signatory
DR. CARLOS DEL VALLE
RADIATION SAFETY OFFICER
 Place and Date
DORADO, P.R. 2-10-97
 Signature
(see warning above) *[Signature]*

IF ACCEPTABLE FOR PASSENGER AIRCRAFT, THIS SHIPMENT CONTAINS RADIOACTIVE MATERIAL INTENDED FOR USE IN, OR INCIDENT TO, RESEARCH, MEDICAL DIAGNOSIS, OR TREATMENT.



United States Department of Commerce
National Institute of Standards and Technology
Gaithersburg, MD 20899 USA

FAX COVER SHEET

Commercial FAX: (301) 869-7682
Verification: (301) 975-5575

2/26/97

To: Dr. Carlos Del Valle
Fax number: 787-879-3894

From: Christopher Soares
Bldg. 245, Rm. C211
Ionizing Radiation Division
Phone: (301) 975-5589
Email: csoares@enh.nist.gov

Number of pages
(including cover sheet):

3

Dear Dr. Del Valle

Attached is the acceptance form we use at NIST which contains (on the 2nd page) information on the results of the leak test performed at NIST before the source was accepted.

Hope this is what you need.

Chris Soares

207920

NIST-364
(REV. 8-91)
ADMAN 12.03

U.S. DEPARTMENT OF COMMERCE
NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY

PROPOSAL TO ACQUIRE A RADIATION SOURCE

INSTRUCTIONS: SEND ORIGINAL OF FORM NIST-364 TO HEALTH PHYSICS. IF PURCHASE, ATTACH FORM CD-43E, PROCUREMENT REQUEST. HEALTH PHYSICS WILL FORWARD FORM CD-43E TO PROCUREMENT. AFTER REVIEW, ONE COPY OF FORM NIST-364 WILL BE RETURNED TO THE REQUESTING DIVISION.

ACQUISITION PROPOSED BY <i>C. Soares</i>	SUPPLIER <i>Dr. Carlos Del Valle 410 Mendez Vigo Suite 201 Dorado, PR</i>
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METHOD OF ACQUISITION

PURCHASE CALIBRATION GIFT LOAN IRRADIATION TRANSFER FROM WITHIN NIST RETURN TO NIST

OTHER _____ R. S. NUMBER (IF NIST TRANSFER OR RETURN) _____

USER'S DESCRIPTION OF SOURCE

RADIOISOTOPE AND ASSOCIATED INCLUDES	<i>Sr-90</i>		
AMOUNT/ACTIVITY (Ci, g)	<i>0.05 Ci</i>		
CHEMICAL FORM	<i>Solid</i>		

PHYSICAL FORM

SOLID LIQUID GAS POWDER FOIL OTHER _____

CONTAINMENT

ENCAPSULATED PLATED SPECIAL FORM BARE MATERIAL (I.E. METAL) GLASS VIAL/AMPOULE PLASTIC VIAL/BOTTLE BOTTLE/FLASK METAL CONTAINER

CUSTODIAN <i>C. Soares</i>	USE AND/OR STORAGE LOCATION (BUILDING AND ROOM) <i>245/B009</i>
USERS <i>same</i>	

SOURCE USE (DESCRIBE IN DETAIL)

*Calibration in terms of Coq absorbed dose rate to water at depth
Secondary β radiation (ultra standard)*

RADIATION SAFETY PRECAUTIONS (SEE REVERSE FOR SUGGESTED CONSIDERATIONS)

*Wear NIST finger rings to monitor extremity dose
Wear Panasonic badge to monitor whole-body skin dose*

PROPOSAL APPROVAL (DIVISION CHIEF OR AUTHORIZED REPRESENTATIVE SIGNATURE) <i>[Signature]</i>	DIVISION <i>846</i>	DATE <i>2/10/97</i>
SOURCE CLASSIFICATION LICENSE FORM <input type="checkbox"/> ANY <input checked="" type="checkbox"/> SEALED <input type="checkbox"/> IM* <input type="checkbox"/> IRRADIATOR	R.S. NUMBER (RADIOACTIVE SOURCE NUMBER) <i>97-0016</i>	
RADIATION <input type="checkbox"/> NEUTRON <input type="checkbox"/> GAMMA <input type="checkbox"/> X-RAY <input checked="" type="checkbox"/> BETA <input type="checkbox"/> ALPHA <input checked="" type="checkbox"/> SOURCE ORDERED <input checked="" type="checkbox"/> SOURCE RECEIVED	COMPUTED ENTRY	
HEALTH PHYSICS APPROVAL (SIGNATURE) <i>[Signature]</i>	DATE <i>2/11/97</i>	
TRANSFERRED FROM HEALTH PHYSICS (RECIPIENT'S SIGNATURE) <i>[Signature]</i>	DATE <i>2-11-97</i>	

HEALTH PHYSICS RECEIPT DATA

SOURCE RECEIVED 2/11/97 RADIONUCLIDE AND ACTIVITY RECEIVED Sm 90 - 4.90 ~ 0.05Ci

PACKAGE MARKING/LABELING
 INDUSTRIAL IITCA TYPE B (QUALITY ASSURANCE MANAGER NOTIFIED)
 LIMITED QUANTITY, UN2910 R-S-E, UN2982 SPECIAL FORM, UN2974 OTHER (SPECIFY) _____
 NO LABEL L-WHITE H-YELLOW W-YELLOW
TL 011 T.I. _____

SURVEY DATA
CONTACT**

MREM/HR
<u>2.40</u>

T1 METER**

<u>1.2</u>

SURVEY INSTRUMENT ASPI 450
SERIAL NUMBER _____
SHIPPING CONTAINER**
PACKING MATERIAL
SOURCE CONTAINER
LEAK TEST*
OTHER _____
NET DPM/100 CM²

ALPHA	BETA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

EXTERIOR OF SHIPMENT CONTAMINATED YES NO
INCORRECT MARKING OR LABELING OF PACKAGE YES NO
SURFACE > 200 MREM/HR OR T.L. YES NO
**MINIMUM RECEIPT SURVEY DATA: 10 MREM/HR

NOTES
NOTIFY THE SUPERVISORY HEALTH PHYSICIST IF THE DELIVERED ACTIVITY IS GREATER THAN THE APPROVAL AMOUNT OR IF YES IS INDICATED ABOVE.
IF A SNM TRANSACTION 741 FORM ACCOMPANIED THE SOURCE, THEN RECORD THE TRANSACTION IDENTIFICATION NUMBER HERE.

SURVEYOR(S) SIGNATURE [Signature] SURVEY DATE(S) 2/14/97
HEALTH PHYSICIAN'S REVIEW _____

SAFETY PROCEDURE/HAZARD ANALYSIS CONSIDERATIONS
PERSONAL PROTECTIVE MEASURES/TECHNIQUES
REMOTE HANDLING TOOLS
GLOVES
CONTAMINATION LAB COAT/APRON
FACE SHIELD
SPECIAL MONITORING
PROJECTED RADIATION LEVELS
POTENTIAL AIRBORNE LEVELS
DOSIMETRY REQUIREMENTS (W.B., EXTREMITY)
AIR SAMPLING
WASTE DISPOSAL REQUIREMENTS
EMERGENCY PROCEDURES
RADIATION SAFETY COMMITTEE REVIEW NECESSARY
SAFETY PROCEDURE/HAZARDS ANALYSIS CHECKLIST
SPECIAL/SPECIFIC ADMINISTRATIVE PROCEDURES
SPECIAL TRAINING
SPECIFIC ACCESS CONTROLS
FACILITY REQUIREMENTS
POSTING
ONE PASS ROOM VENTILATION
HOOD OR GLOVE BOX
SPILL CONTAINMENT TRAY
DISPOSABLE/ABSORBENT SURFACES
EASILY DECONTAMINATABLE SURFACES
SHIELDING