

DL-032999\_01



NORFOLK  
COMMUNITY  
HOSPITAL

### Fax Cover Sheet

FAX DATE: 7/30/99

COMPANY: \_\_\_\_\_

DIRECTED TO: Wade Loo

# OF PAGES (INCLUDING THIS COVER SHEET): 8

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FAX SENT BY: Phillip D. Brooks TIME: \_\_\_\_\_

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FAX (804) 628-1434 • BUSINESS (804) 628-1510  
2539 CORPREW AVENUE • NORFOLK, VIRGINIA 23504

***Bionomics,  
Inc.***

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P.O. Box 817 — Kingston, TN 37763 — (423) 378-0053

March 29, 1999

Roy Heltzel  
Health Physics Consultation  
464 Investors Pl., Suite 208  
Virginia Beach, VA 23452-1167

Dear Mr. Heltzel,

Bionomics is pleased to submit a quote \$1,300.00 for disposal of the radioactive material listed on your fax of March 29<sup>th</sup> 1999.

The above price includes packaging, manifesting, marking/labeling, transportation and disposal. It also includes the \$200.00 DHEC permit and Chem-Nuclear access fee of \$500.00.

If you have questions or need additional information please feel free to contact me at (423) 378-0053.

Sincerely

  
Bryan Kirk



**Bionomics,  
Inc.**

P.O. Box 817 — Kingston, TN 37763 — (423) 376-0053

April 19, 1999

Mr. Virgil Autry  
South Carolina Department of  
Health and Environmental Control  
2600 Bull Street  
Columbia, SC 29201

Re: Broker Letter of Agreement for Waste Transport Permit

Dear Mr. Autry,

Bionomics, Inc. will be transporting waste materials generated by Norfolk Community Hospital, Norfolk VA into the Barnwell disposal facility. On their behalf, Bionomics will provide liability coverage as required by the South Carolina regulations for issuance of a Waste Transport Permit.

Norfolk Community Hospital acknowledges, that by having Bionomics provide liability coverage their Transport Permit will be "Restricted". This restriction means that any radioactive materials entering South Carolina must be transported by Bionomics, and/or another carrier who has provided liability coverage on behalf of Norfolk Community Hospital.

This letter will act as a notification of the agreement between Bionomics and Norfolk Community Hospital for fulfillment of the requirements in Section 12 of the Transport Permit Application.

**Bionomics, Inc.**

**Norfolk Community  
Hospital**

  
Signature

  
Signature

Bryan Kirk  
Printed Name

Phillip D. Brooks  
Printed Name

April 19, 1999  
Date

April 22, 1999  
Date





**Application for Radioactive Waste Transport Permit**  
**Division of Radioactive Waste Management**

<p>1. Name and Address of Applicant:                  NORFOLK COMMUNITY HEALTH CENTER                  2539 CORPUS AVENUE                  NORFOLK, VA 23504</p>	<p>2. Person Responsible for Radioactive Waste Shipments:                  a) Name: Phillip Barnes                  b) Title: President                  c) Address: 2539 CORPUS AVENUE                  d) Telephone: (757) 625-1430</p>
	<p>3. Total Estimated Annual Cubic Footage to be transported for disposal, storage, or processing. <u>675</u></p>
<p>4. Type of Permit and Amount of Fee Remittal: (check appropriately)</p> <p><input checked="" type="checkbox"/> New (First Time Permit)  <input type="checkbox"/> Renewal (Indicate Previous Permit No.): _____  <input type="checkbox"/> For Calendar Year 19 _____</p> <p>A. Class Types (check one only)</p> <p><input type="checkbox"/> CLASS X - \$1500.00: More than an annual total of 75 cubic ft., or more than 100 curies of radioactive waste for disposal, storage, or waste processing within the State.</p> <p><input checked="" type="checkbox"/> CLASS Y - \$200.00: An annual total of no more than 75 cubic ft. of radioactive waste for disposal, storage, or waste processing within the State.</p> <p><input type="checkbox"/> CLASS Z - \$100.00: Any shipment of radioactive waste which is not consigned for disposal, storage, or waste processing within the State, but is transported into or within the State.</p> <p>B. Transport Purpose: (check more than one if necessary)  <input checked="" type="checkbox"/> Disposal    <input type="checkbox"/> Storage    <input type="checkbox"/> Processing    <input type="checkbox"/> Radiopharmaceutical Waste Return  <input type="checkbox"/> Other (Identify): _____</p> <p>Amount Remitted: (\$) _____</p>	
<p>5. Name &amp; address permit should be mailed to if different than item 2:</p>	<p>6. Complete Waste Description.  <u>Medical sources</u></p>
<p>7. List 95% of Total Prominent Radionuclides: <u>Cs-137, Co-57, Ra-226</u></p>	<p>8. Total Estimated Annual Radioactivity (Curies): <u>&lt; 1</u></p>
<p>9. Name and Address of Authorized Waste Collector(s) if used:                  Biosonics, Inc.                  PO Box 217                  Kingstown, TN 37763</p>	<p>10. Name and Address of Transport Carrier if other than Collector:                  THE COMMONWEALTH                  619 W. Main Street                  Norfolk, VA 23510</p>



**SOUTH CAROLINA RADIOACTIVE WASTE TRANSPORT PERMIT**

Pursuant to Act No. 429 of 1980, the South Carolina Radioactive Waste Transportation and Disposal Act, a Radioactive Waste Transport Permit is hereby issued to the below-named applicant (shipper). This Permit shall not, in itself, be construed as authorizing a shipper to dispose of radioactive waste within the State of South Carolina. This Permit shall not be transferred, assigned or in any manner disposed of, either voluntarily or involuntarily, directly, or indirectly, through transfer of control to any person, unless the Department shall, after securing full information, find the transfer is in accordance with the provisions of Act No. 429 and shall give written consent.

**1. Name and Address of Applicant:**

Norfolk Community Health Center  
2539 Corporate Avenue  
Norfolk, VA 23504

**2. Permit Number: 4380-45-99**

<input type="checkbox"/> Non Restricted	<input type="checkbox"/> X
<input checked="" type="checkbox"/> Restricted	<input checked="" type="checkbox"/> Y
	<input type="checkbox"/> Z

**3. Expiration Date:**

December 31, 1999

Restricted **1999**

Transportation of waste into or within the State of South Carolina is restricted to the collector/processor services of Bionomics, Inc.

May 27, 1999  
Date of Issuance

For the South Carolina Department of Health and Environmental Control

By Virgil R. Auley  
Virgil R. Auley, Director  
Division of Radioactive Waste Management



6/4/99  
DATE

This is to acknowledge the receipt of your letter/application dated 5/25/99, and to inform you that the initial processing, which includes an administrative review, has been performed.

- There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.
- Please provide to this office within 30 days of your receipt of this card:

---

The action you requested is normally processed in 60 days.

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 258385.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at 404-562-4723.

Sincerely,

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN: \_\_\_\_\_

License Fee Management Branch, ARM : Program Code: 02120  
and : Status Code: 0  
Regional Licensing Sections : Fee Category: 7C  
: Exp. Date: 20010131  
: Fee Comments: CODE 23  
: Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION II

1. APPLICATION ATTACHED

Applicant/Licensee: NORFOLK COMMUNITY HOSPITAL  
Received Date: 19990602  
Docket No: 3003360  
Control No.: 258385  
License No.: 45-12768-01  
Action Type: Termination

2. FEE ATTACHED

Amount: 0 \_\_\_\_\_  
Check No.: \_\_\_\_\_

3. COMMENTS

Signed Janice H. Kirby  
Date 6/4/99

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

1. Fee Category and Amount: 7C **FEE EXEMPT**  
*term*

2. Correct Fee Paid  Application may be processed for:

Amendment   
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER \_\_\_\_\_

Signed Rita Messier  
Date 6/15/99

RECEIVED BY LFMS	
Date	<u>6/14/99</u>
Log	<u>Rev 2 II</u>
By	<u>Yer</u>
Date Completed	<u>6/15/99</u>

(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: 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 (IT & F33), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555-0001, 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 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 Norfolk Community Hospital 2539 Corprew Avenue Norfolk, VA 23504	LICENSE NUMBER 45-12768-01
	LICENSE EXPIRATION DATE January 30, 2001

**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.)

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**

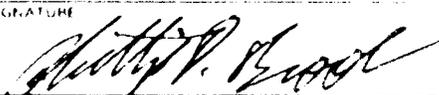
1. OUR LICENSE HAS NOT YET EXPIRED. PLEASE TERMINATE IT.
2. A RADIATION SURVEY WAS CONDUCTED BY THE LICENSEE TO CONFIRM THE ABSENCE OF LICENSED RADIOACTIVE MATERIALS AND TO DETERMINE WHETHER ANY CONTAMINATION REMAINS ON THE PREMISES COVERED BY THE LICENSE. (Check one)
- NO (Attach explanation)
- YES,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

3 THE PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM	NAME Roy F. [unclear] Consulting [unclear]	TELEPHONE NUMBER (Include Area Code) 757-518-9523
--	--	---

4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO:

**CERTIFYING OFFICIAL**

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

PRINTED NAME AND TITLE Phillip D. Brooks Administrator	SIGNATURE 	DATE 5/25/99
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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. WILLFUL FALSE STATEMENTS OR REPRESENTATIONS 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 JURISDICTION.

**FILE CERTIFICATES AS FOLLOWS:**

**IF YOU ARE A DISTRIBUTOR OF EXEMPT PRODUCTS, SEND TO:**

DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY  
OFFICE OF NUCLEAR MATERIAL SAFETY AND SAFEGUARDS  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001

**ALL OTHERS, IF YOU ARE LOCATED IN:**

**CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE,  
MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW  
JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, OR  
VERMONT, SEND APPLICATIONS TO:**

LICENSING ASSISTANCE SECTION  
NUCLEAR MATERIALS SAFETY BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
475 ALLENDALE ROAD  
KING OF PRUSSIA, PA 19406-1415

**ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI,  
NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA,  
TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA,  
SEND APPLICATIONS TO:**

NUCLEAR MATERIALS SAFETY SECTION  
U.S. NUCLEAR REGULATORY COMMISSION, REGION II  
101 MARETTA STREET NW, SUITE 2900  
ATLANTA, GA 30323-0199

**IF YOU ARE LOCATED IN:**

**ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI,  
OHIO, OR WISCONSIN, SEND APPLICATIONS TO:**

MATERIALS LICENSING SECTION  
U.S. NUCLEAR REGULATORY COMMISSION, REGION III  
801 WARRENVILLE ROAD  
LISLE, IL 60532-4361

**ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO,  
HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA,  
NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA,  
OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA,  
TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND  
APPLICATIONS TO:**

MATERIAL RADIATION PROTECTION SECTION  
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV  
911 RYAN PLAZA DRIVE, SUITE 400  
ARLINGTON, TX 76011-8064

## Attachment to NRC Form 314 - Certificate of Disposition of Materials

### Section A. Materials Data

Material transfer actions consist of transferring all sealed sources procured and/or possessed by this license to a licensed radioactive waste management company. These sources were transferred following proper Department of Transportation shipping regulations. The most recent leak test of these sources is included as Attachment A. All sources were placed in storage soon after this leak test.

All radioactive waste which was being held for decay-in-storage was disposed of according to 10CFR35 requirements.

No unsealed licensed material has been utilized here for a length of time greater than or equal to ten half-lives of the longest lived radioisotope used by the licensee.

### Section B. Other Data

A thorough survey of all areas where sealed sources were used and/or stored was performed by our consultant using a Geiger Muller counter (both side-window and pancake type probes). Wipe tests were performed on these areas using procedures approved in our license application. No activity above background was seen on any wipe, and no radiation level above background was seen in any area where our sources were used or stored. The facility has not used any licensed material for a period greater than or equal to ten half-lives of the longest lived radioisotope in its possession. Also, all sealed sources have been shipped by a licensed radioactive waste management company for burial at an approved low level radioactive waste disposal site. No leakage was ever recorded for any sealed source in the licensee's possession. The daily surveys and weekly wipe records show no unusual occurrences (i.e. spills or releases) prior to the time when radioisotope use was halted.

ATTACHMENT A

**REPORT OF SEALED RADIOACTIVE SOURCE LEAK TEST**

Sealed source leak tests were performed as shown below under the provisions of radioactive materials license number 45-19958-01.

**Date of Test:** April 24, 1998

**Responsible Authority:** Norfolk Community Hospital

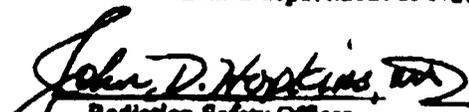
**Address:** 2539 Corpew Avenue  
Norfolk, Virginia 23504

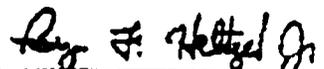
**Radioactive Source(s) Tested:**

<u>Isotope</u>	<u>Activity</u>	<u>Date</u>	<u>Model #</u>	<u>Serial #</u>
Co-57	5.6 mCi	03/04/90	NES 206	S206046-004
Cs-137	207 $\mu$ Ci	12/14/81	NES 356	NES3561281A-08
Ba-133	285 $\mu$ Ci	09/22/81	NES 358	NES3580981A-15
Am-241	12 mCi	—	—	Unknown
Co-57	5.5 mCi	09/26/94	NES 206	S206081-046

**Results:** All sources listed above showed less than 0.001 microcuries of removable contamination. This result indicates no evidence of a leaking source.

**Important:** A copy of this report should be kept available for inspection of state health department or Nuclear Regulatory Commission personnel.

  
Radiation Safety Officer

  
Roy F. Heltzel, Jr.  
Health Physicist

**HEALTH PHYSICS CONSULTATION**  
444 Investors Place, Suite 206, Virginia Beach, VA 23452-1167  
(757) 818-9823

259385