

DL-062097-02



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

TELEFAX

TO: FAIRFAX COUNTY HEALTH DEPT. LAB License # 45-08156-03

Attn: MARY S. KITCHEN Title: LABORATORY DIRECTOR

FAX: (703) 591-3641 CITY FAIRFAX, STATE VA
22030

FROM: Diane Heim TITLE: _____
DIVISION OF NUCLEAR MATERIALS SAFETY

DATE: _____

FAX: (404) 562-4955 VOICE: (404) 562-4927

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), 40.51(a), and 42.30(d)]; and all records concerning public health and waste disposal, have been transferred to:

1. Name: _____ [Successor]
License # _____ Street: _____
City: _____, State: _____

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: Mary Sue Kitchen Date: 9/29/97

Printed Name and Title: MARY SUE KITCHEN, LABORATORY DIRECTOR

NRC FORM 314
10 CFR 20.26(a)(1)(i)
 10 CFR 40.42(a)(1)(i)(A)
 10 CFR 70.38(a)(1)(i)(A)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB 1550-0028
 EXPIRES 4/30/92

CERTIFICATE OF DISPOSITION OF MATERIALS

ESTIMATE BURDEN OF RESPONSE TO COMPLY WITH INFORMATION COLLECTED ON REQUEST 30 MIN. FOR COMMENTS REGARDING BURDEN ESTIMATE TO INFORMATION AND RECORDS MANAGEMENT BRANCH WASHINGTON, DC 20540 AND TO THE PAPERWORK REDUCTION PROJECT (1550-0028) OFFICE OF MANAGEMENT AND BUDGET WASHINGTON, DC 20503

INSTRUCTIONS: SEND THE COMPLETED CERTIFICATE TO THE NRC OFFICE SPECIFIED ON THE REVERSE. *(All items MUST be completed - print or type)*

LICENSEE NAME AND ADDRESS

Fairfax County Health Department Laboratory
 10777 Main Street #301
 Fairfax, Virginia 22030

LICENSE NUMBER
 45-08156-03

LICENSE EXPIRATION DATE
 June 30, 1998
 Extended to June 30, 2003

THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT
(Check and/or complete the appropriate item(s) below.)

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

1. NO MATERIALS HAVE EVER BEEN PROCURED OR POSSESSED BY THE LICENSEE UNDER THIS LICENSE.

2. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER 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 or the disposal actions, including the disposition of low-level radioactive waste, mixed waste, Greater-than-Class-C waste, and sealed sources, if applicable.

A gas chromatograph with a sealed Nickel 63 source was stored at this facility and never used. In 1994 it was transferred to the main State laboratory in Richmond.

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

Instrument transferred 9-27-94 to Division of Consolidated Laboratories in Richmond Va. NRC license # 45-09347-01

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

B. OTHER DATA

1. OUR LICENSE HAS NOT YET EXPIRED; PLEASE TERMINATE IT.

2. WAS A RADIATION SURVEY CONDUCTED TO CONFIRM THE ABSENCE OF LICENSED RADIOACTIVE MATERIAL AND TO DETERMINE WHETHER ANY CONTAMINATION REMAINS ON THE PREMISES COVERED BY THE LICENSE? *(Check one)*

NO *(Attach explanation)* Sealed Nickel 63 source was in a gas chromatograph which was never put into use. Leak tests indicate that no source leakage occurred. Most recent leak test attached.

YES, THE RESULTS *(Attach one)* ARE ATTACHED, OR WERE FORWARDED TO NRC ON *(Date)*

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

NAME: Mary S. Kitchen

TELEPHONE NUMBER: 703-246-3218

4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO

Fairfax County Health Department Laboratory
 10777 Main Street #301
 Fairfax, VA 22030

CERTIFYING OFFICIAL

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

SIGNATURE: *Mary Sue Kitchen* DATE: 9/29/97

PRINTED NAME AND TITLE: Mary S. Kitchen, Laboratory Director

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. 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 JURISDICTION.

FHD - 886

reported 6-16-89

ASSAY SERVICES INC.

P. O. BOX 1288 • FRIENDSWOOD, TEXAS 77546 • AREA CODE (713) 641-0281

SEALED SOURCE LEAK TEST CERTIFICATE

FAIRFAX CTY HEALTH DEPT
10777 MAIN ST #301
FAIRFAX, VA 22030
ATTN OF: LAB

C FILE 1389

S FILE 11077

N FILE 1156

INVOICE NO. _____ DATE _____

RADIONUCLIDE NI-63

ACTIVITY 15 MCI CI SERIAL NO. 3300119

WIPE DATE 052389 WIPED BY _____

EFF. .052

GROSS CPM 30 BKG CPM 22 NET CPM B

NET CPM _____ = MICROCURIE
EFFX2.22X10⁶ DPM/μ CI

THE ABOVE SOURCE WIPE TEST HAS BEEN ASSAYED IN ACCORDANCE WITH OUR RADIOACTIVE MATERIAL LICENSE AND THE APPROPRIATE REGULATORY REQUIREMENTS. THE REGULATIONS DEFINE A LEAKING SOURCE AS ONE FROM WHICH AN APPROPRIATE WIPE TEST HAS REMOVED 0.005 MICROCURIE OR MORE OF ACTIVITY.

THE REMOVABLE ACTIVITY WAS 5.53E-06 MICROCURIE

ASSAY NO. 060689 32 DATE 06-06-19.89

ASSAYED BY RDG