



SmithKline Beecham
Clinical Laboratories

DL-062599_02

1300 Old Denbigh Blvd.
Newport News, Virginia 23602
(757) 886-3900 (800) 582-1019
FAX (757) 886-3988

FACSIMILE COVER SHEET

DATE: _____

TIME: _____

TO: Wade Loo

FAX #: 404 562-4899

FROM: WALTER WAGNER

RE: SIGNED FORM 314 - IF YOU NEED ANY ADDITIONAL
INFORMATION, PLEASE CALL ME. THANK YOU FOR YOUR ATTENTION
TO THIS REQUEST.

Total Number of Pages Including Cover Sheet: 3

If you have any questions, please call: (757) 886-3943

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FORM 314 U.S. NUCLEAR REGULATORY COMMISSION APPROVED BY OMB: NO 3180-0028 EXPIRES: 06/30/06

(8-88)
10 CFR 30.36(a)(1)(i)
10 CFR 40.48(a)(1)(i)
10 CFR 70.36(a)(1)(i)

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

ESTIMATED HOURS FOR RESPONSE TO COMPLY WITH THE INFORMATION COLLECTION REQUIREMENT IS 30 MINUTES. THIS MATERIAL IS USED AS PART OF THE BASIS FOR THE DETERMINATION THAT THE FACILITY HAS BEEN CLEARED OF RADIOACTIVE MATERIAL BEFORE THE FACILITY IS RELEASED FOR UNRESTRICTED USE. PURPOSES OF THIS INFORMATION COLLECTION REQUIREMENT TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (IT-8) P.O. BOX 114, NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20540-0114, AND TO THE INFORMATION MANAGEMENT PROGRAM OPERATIONAL OFFICE OF MANAGEMENT AND SUPPORT, WASHINGTON, DC 20540. AN AGENCY MAY NOT REQUEST OR OBTAIN, AND A PERSON IS NOT ENTITLED TO RECEIVE, A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A CURRENTLY VALID AND CONTROL NUMBER.

LICENSEE NAME AND ADDRESS
Riverside Laboratories
& SmithKline Beecham Clinical Laboratories
1300 Old Danbigh Boulevard
Newport News, VA 23602

LICENSE NUMBER
45-25275-01
LICENSE EXPIRATION DATE
September 30, 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.
- OR
- 2. ALL ACTIVITIES AUTHORIZED BY THE LICENSE HAVE CEASED AND ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE 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 A.

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 licensee 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 *(see Attachment A)*
 - WERE FORWARDED TO NRC ON *(Date)*

3. THE PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM
NAME: Walter Wagner
TELEPHONE NUMBER *(Include Area Code)*: (757) 886-3943

4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO
SmithKline Beecham Clinical Laboratories
Attn: Operations Manager
1300 Old Danbigh Boulevard, Newport News, VA 23608

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

PRINTED NAME & TITLE: Walter Wagner, Area Operations Manager
SIGNATURE: *Walter Wagner*
DATE: 6/25/99

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.

Attachment A (to NRC Form 314; license 45-25275-01)

Section A 2: Description of material transfer/disposal actions:

Iodine 125: all material was held for decay in storage for a minimum of 10 half-lives, surveyed in accordance with section 16.B of our license, and disposed of in accordance with our medical waste disposal process.

Nickel 63 :

1) Varian Instruments Model 02-001972.00, Serial # A6167 was transferred to Varian Instruments, 2700 Mitchell Drive, Walnut Grove, CA 94598-1675. Varian's license number was reported to us as 0256-07; the material was shipped on March 15, 1999. Contact name and phone number: Larry Steirwandt, (925) 945-2136.

2) Packard Instruments United Technologies Model 036-31 was transferred to Packard Instrument, United Technologies, 2200 Warranville Road, Downers Grove, IL 60515. Their license was reported to us as IL-01741-01. Contact name and phone number: Donna D'jinovich, (630)322-5333. Shipment was made on March 5, 1999.

Iodine 129 sealed sources: were returned to Packard Instruments United Technologies at the address noted above on August 30, 1996.

6/8/99
DATE

This is to acknowledge the receipt of your letter/application dated 5/27/99, 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 258386.
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: 03800
and : Status Code: 0
Regional Licensing Sections : Fee Category: 3P
: Exp. Date: 20030930
: Fee Comments: STORAGE ONLY EFF 10/16/95
: Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION II

1. APPLICATION ATTACHED

Applicant/Licensee: RIVERSIDE LABORATORIES
Received Date: 19990601
Docket No: 3033337
Control No.: 258386
License No.: 45-25275-01
Action Type: Termination

2. FEE ATTACHED

Amount: 0
Check No.: _____

3. COMMENTS

Signed Janice Kirby
Date 6/4/99

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

1. Fee Category and Amount: 3P

FEE EXEMPT

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed Rita Messler
Date 6/15/99

RECEIVED BY LFMS	
Date	<u>6/4/99</u>
Log	<u>Sum 2 II</u>
By	<u>Yer</u>
Date Completed	<u>6/15/99</u>