

DL-081597-09

CONVERSATION RECORD

TIME 1145 DATE 8/15/1997

TYPE VISIT CONFERENCE TELEPHONE

{ } NEW
{ } RENEWA
{ } AMEND
(+) TERM.

INCOMING
 OUTGOING

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

ORGANIZATION (Offs., sect., bureau, etc.)

TELEPHONE NO.

David Saldana

P.R. Dept of Health

274-7815

SUBJECT Deficiency Telephone Conversation

CONTROL

257558

DOCKET

30-11811

SUMMARY

LICENSE NUMBER 52-13398-02

D Saldana stated that all Am 241 in computers had been used and disposed to waste sewer system in 1988.

ACTION REQUIRED

SEE OVER Y N

DUE DATE

Termination - ok

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

David J. Collins

David J. Collins

8/15/1997

ACTION TAKEN

SIGNATURE

TITLE

DATE

COMMONWEALTH OF PUERTO RICO
DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH DIVISIONS
RADIOLOGICAL HEALTH DIVISION

8/8/97
DATE

Fax number: 774-6829

NUMBER OF PAGES ENCLOSED:

form - 4

Have - have

T R I K F A X

TO :

Diane Heim

*IVRC - Div of nuclear materials safety
Atlanta - GA*

FROM :

David Saldana - P.R. Health Dept.

NUMBER TELEPHONE FAX :

(404) 562-4955

SUBJECT :

Termination of NRC license

COMMENTS :

As requested



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION II
101 MARNETTA STREET, N.W., SUITE 2800
ATLANTA, GEORGIA 30329 0188

TELEFAX

TO: PR Dept. of Health License # PR-1478-06

Attn: David Saldaña Title: Director

FAX: (787) 274-6829 CITY San Juan, STATE PR

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

DATE: _____

FAX: (404) 562-4905 VOICE: (404) 562-4727

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(d)]; and all records concerning public dose and waste disposal, have been transferred to:

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

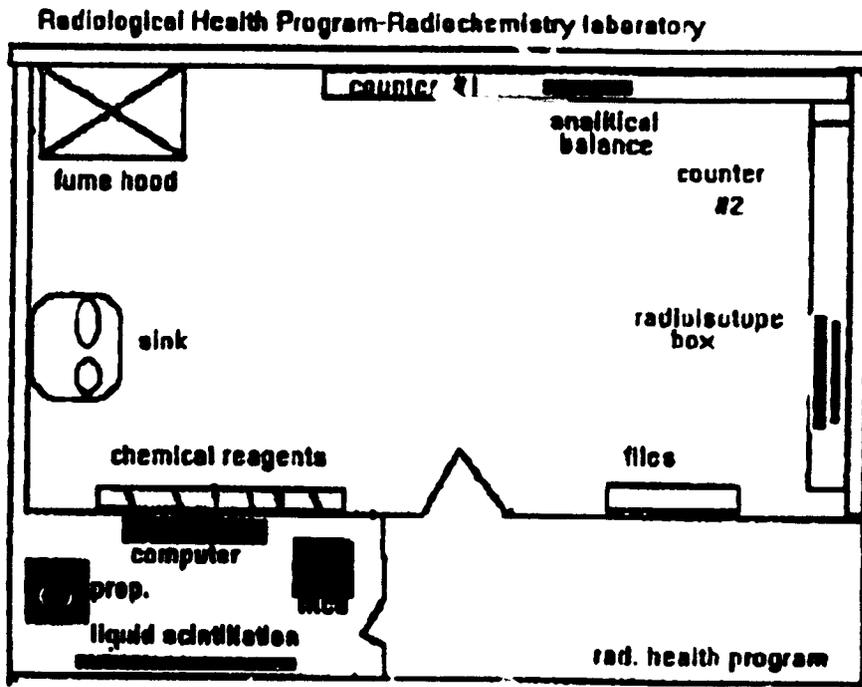
OR

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: [Signature] Date 8/8/97

Printed Name and Title: David Saldaña, Director Radiological Health Division



WIPE TESTS LOCATIONS

- | | |
|--|----------------------------------|
| 1) FUME HOOD TOP | 2) FUME HOOD EXHAUST |
| 3) BALANCE AREA | 4) COUNTER #1 |
| 5) COUNTER #2 | 6) RADIOISOTOPE BOX |
| 7) INSIDE SINK | 8) SINK GREASE TRAP |
| 9) COUNTING ROOM (PROP. COUNTER) | 10) COUNTING ROOM (TABLE TOP) |
| 11) COUNTING ROOM (LIQUID SCINTILL) | |

All wipe tests activities below 0.005 μ Ci. Wipe test forms will be send by mail.

| | | |
|--|---|--|
| <p>NRC FORM 314 <small>8 84</small> <small>10 CFR 20.203(h)(1)(v)</small> <small>10 CFR 40.22(h)(1)(v)</small> <small>10 CFR 70.30(h)(1)(v)</small></p> | <p align="center">U.S. NUCLEAR REGULATORY COMMISSION</p> | <p align="center"><small>APPROVED BY ONE OF THE NRC MEMBERS</small> <small>EXPIRES 06/31/98</small></p> <p><small>ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST IS 30 MINUTES. THIS MANDATORY 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 (RMB) 7714, U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20545-0001, AND TO THE PAPERWORK REDUCTION PROJECT (150) ROOM, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503</small></p> |
| <p>CERTIFICATE OF DISPOSITION OF MATERIALS</p> | | |
| <p><small>INSTRUCTIONS: ALL ITEMS MUST BE COMPLETED. PRINT OR TYPE. SEND THE COMPLETED CERTIFICATE TO THE NRC OFFICE SPECIFIED ON THE REVERSE.</small></p> | | |
| <p><small>LICENSEE NAME AND ADDRESS</small> PUERTO RICO DEPARTMENT OF HEALTH RADIOLOGICAL HEALTH DIVISION PO BOX 70184 SAN JUAN PR 00936</p> | | <p><small>LICENSE NUMBER</small> 5213398-02</p> <p><small>LICENSE EXPIRATION DATE</small> July 31, 1996</p> |

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.

Sr-90 eye applicator transferred to N.J.S.T.
(see NBS 796-A enclosure)

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)

All Am-241 Ampules used as calibration standards. — [

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)*

| | | |
|--|---|--|
| <p>3. THE PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM</p> | <p><small>Name</small> David Saldaña</p> | <p><small>TELEPHONE NUMBER (Include Area Code)</small> (787) 274-7815</p> |
|--|---|--|

4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO

Same as #3 above.

CERTIFYING OFFICIAL

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

| | | |
|---|---|--|
| <p><small>PRINTED NAME AND TITLE</small> David Saldaña, Director Radiological Health Division</p> | <p><small>SIGNATURE</small> </p> | <p><small>DATE</small> 07/07/97</p> |
|---|---|--|

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 EMPLOYEE OF OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTIONS.

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 03221
Status Code: 0
Fee Category: 3P
Exp. Date: 20010731
Fee Comments:
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION 11

1. APPLICATION ATTACHED

Applicant/Licensee: PUERTO RICO DEPARTMENT OF HEALTH
Received Date: 970715
Docket No.: 3011811
Control No.: 257558
License No.: 52-13398-02
Action Type: Termination

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed N Witt
Date 7/18/97

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

1. Fee Category and Amount: 3P

2. Correct fee paid. Application may be processed for:
Amendment
Renewal
License

FEE EXEMPT
Le m

3. OTHER

Signed _____
Date _____

Rita Muesic
7/23/97

| |
|-------------------------------|
| RECEIVED BY LFMS |
| Date <u>7/23/97</u> |
| Log <u>Vol 2 II</u> |
| By <u>Rita Muesic</u> |
| Date Completed <u>7/23/97</u> |