

GASTROINTESTINAL ASSOCIATES

KEVIN R. DYE, M.D.

A Division of Physicians Care of Virginia, P.C.

DL-110398-

November 3, 1998

U.S. Nuclear Regulatory Commission
License Fee and Accounts Receivable
P.O. Box 954514
St. Louis, Missouri 63195-4514

RE: License #452540101

To Whom It May Concern:

I have recently received a second notice bill regarding my Nuclear Materials License. I had previously sent a letter indicating my desire to relinquish my license as I am a single solo practitioner in private practice. I only acquired the license to handle C-14 urea breath testing for H.pylori. Since I have acquired my license, the breath test has become exempt from licensing requirements. I, therefore, no longer need my license and I would like to surrender it. I also would like to not pay the fee for the license.

I am enclosing this bill, which I received, without payment as I have requested to surrender my license. Please let me know what I need to do to decommission my site.

Sincerely,


Kevin R. Dye, M.D.

KRD/afe

**HP OfficeJet
Personal Printer/Fax/Copier**

**Fax Log Report for
KEVIN R DYE MD
540-985-0341
Nov-24-98 12:06 PM**

Last Fax

<u>Identification</u>	<u>Result</u>	<u>Pages</u>	<u>Type</u>	<u>Date</u>	<u>Time</u>	<u>Duration</u>	<u>Diagnostic</u>
14045624955	OK	06	Sent	Nov-24	12:03P	00:03:02	002185130020

10 CFR 20.26(c)(1)(iv)
10 CFR 40.42(c)(1)(iv)
10 CFR 70.26(c)(1)(iv)

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 NUMBER FOR RESPONSE TO COMPLY WITH THE REGULATORY INFORMATION COLLECTION REQUIREMENTS: 20. THIS FORM 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 ESTIMATES TO THE INFORMATION AND RECORDS MANAGEMENT DIVISION (1-6 F21, U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20549-0001, AND TO THE PAPERWORK REDUCTION PROJECT (100-0001, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503. AN AGENCY MAY NOT CONDUCT OR SCHEDULE, AND A PERSON IS NOT PERMITTED TO RESPOND TO, A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A CURRENTLY VALID AND CONTROL NUMBER.

LICENSEE NAME AND ADDRESS

Kevin R. Dye, M.D.
A Division of Physicians Care of Virginia, PC
1201 Franklin Road, S.W.
Roanoke, VA 24016

License Number

45-25401-01

LICENSE EXPIRATION DATE

June 30, 2002

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 LICENSEE 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.)
C-14 urea breath test capsules have been exempted from licensing requirements.
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 source, 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

Lorna East, R.N.

TELEPHONE NUMBER (Include Area Code)

540-985-0244

4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO

Kevin R. Dye, M.D.
1201 Franklin Road, S.W.
Roanoke, Va 24016

CERTIFYING OFFICIAL

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

PRINTED NAME AND TITLE

Kevin R. Dye, M.D.

SIGNATURE

Kevin R. Dye

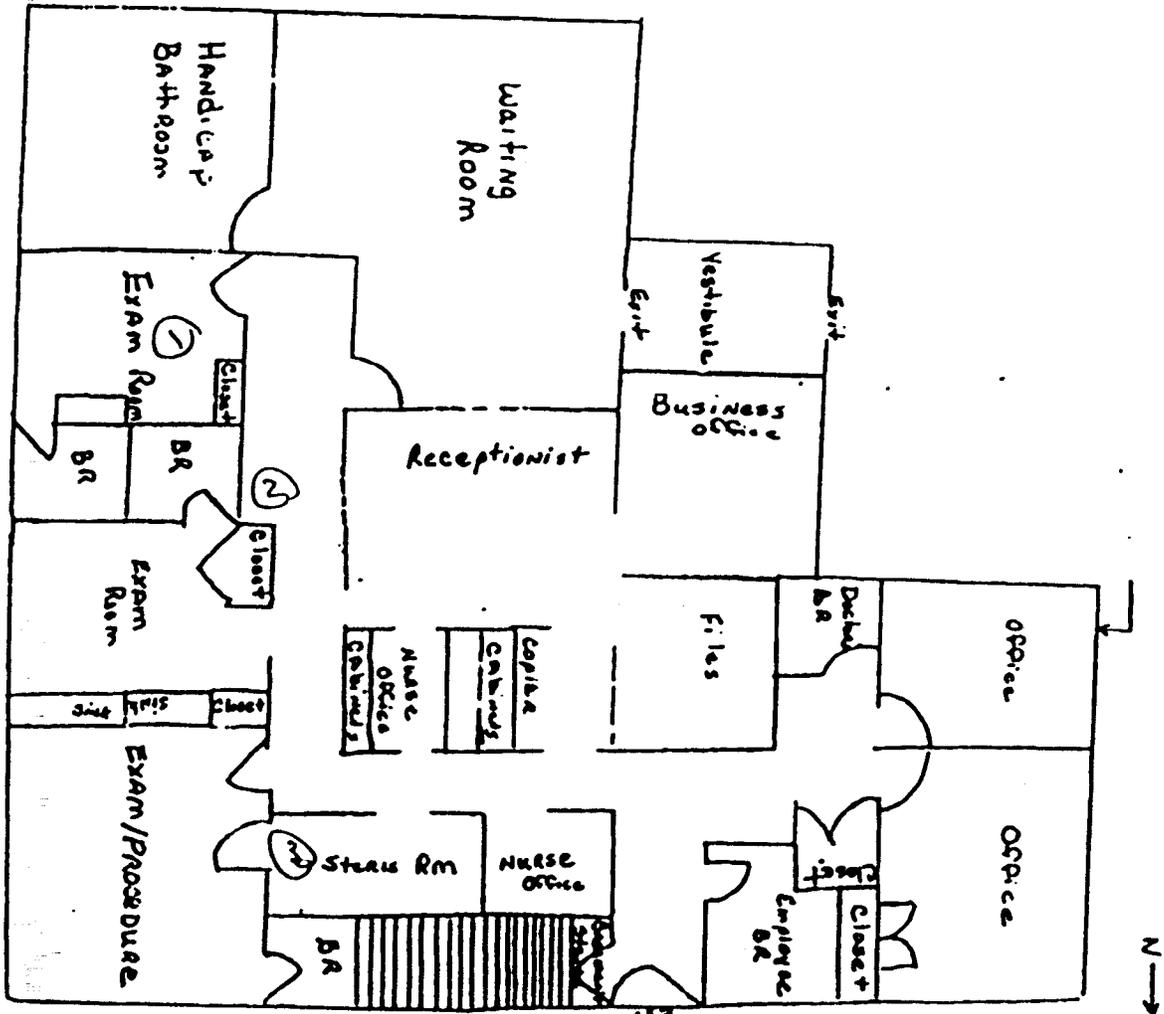
DATE

11/23/98

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.

GASTROINTESTINAL ASSOCIATES, INC.
REMOVABLE CONTAMINATION SURVEY FORM

Identify Survey Locations on map below



Results (minimum 3 swipes)

Survey Location	DPM	Survey Location	DPM	Survey Location	DPM
Background	32				
Swipes 1, 2, 3	47				

Acceptable? (All < 500 DPM) YES NO (If no, contact RSO to decontaminate area)

Performed by: W. Easton Date 11/20/78

GENERAL DATA ACQUISITION REPORT

Date: 11-20-1998
Time: 08:36:41
Instrument: microCOUNT 9605

Sample #	Date	Time	Sample ID	Data (CPM)	Data (DPM)
1.	11-20-1998	08:36:41	Background Swipe	46	32
2.	11-20-1998	08:46:28	Swipes 1, 2, 3	53	47

10/7/98

DATE

This is to acknowledge the receipt of your letter/application dated 10/7/98, 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 90 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 258134.
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: 02201
and : Status Code: 0
Regional Licensing Sections : Fee Category: 7C
: Exp. Date: 20020630
: Fee Comments: _____
: Decom Fin Assur Req'd: N
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: GASTROINTESTINAL ASSOCIATES
Received Date: 981007
Docket No: 3034491
Control No.: 258134
License No.: 45-25401-01
Action Type: Termination

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed DIANE HEIM
Date 10/22/98

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

1. Fee Category and Amount: 7C

FEE EXEMPT
Termin

2. Correct Fee Paid / Application may be processed for:
Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed Lita Messer
Date 10/27/98

10/26/98
CO 5 I
Yam
10/27/98