



# OHIO VALLEY MEDICAL CENTER

2000 Eoff Street  
Wheeling, WV 26003

RECEIVED  
REGION 1

'04 DEC 13 P1:33

December 8, 2004

Division of Nuclear Materials Safety  
U.S. Nuclear Regulatory Commission  
Region I  
475 Allendale Road  
King of Prussia, PA 19406-1415

03012498

License No. 47-17282-01

Dear Sir:

We request to amend our NRC license as follows:

1. Delete name of Leonidas Castro, MD, Authorized User, in Item 12.B of our license. He retired and does not work here.
2. Delete name of John Frank Balzano, MD, Authorized User, in Item 12.B of our license. He left this hospital and does not work here.
3. Delete Depleted Uranium, nuclear material, in Item 6.E of our license. The material was in our Clinac-4 linear accelerator. The accelerator was removed and now it is located in Michigan. Please see the attached statement.

Sincerely,

Yong K. Park, Ph.D.  
Radiation Safety Officer

136121

OHIO VALLEY MEDICAL CENTER  
EAST OHIO REGIONAL HOSPITAL  
PETERSON REHABILITATION HOSPITAL

NMSS/RGNI MATERIALS-002



**RADPARTS**

**com**

*13614 Woodbury Road  
Haslett, Michigan 48840  
parts@radparts.com*

**http://www.radparts.com**

*Toll Free: (877) - 704 - 3838*

*Fax: (517) - 339 - 1215*

ATTN: Jim Hess  
Fax: 304-234-8569  
Phone: 304-234-8649

Mr. Hess,

This letter is to state that the Clinac 4, along with its amount of DPU, was removed from the following location:

Ohio Valley Medical Center  
2000 E OFF Street  
Wheeling, WV 26003

This system is now located in our facility. Enclosed please find a copy of our certificate for DPU.

Sincerely,



Dimitro "Dee" Romanyszyn  
President  
Radparts.com

NRC FORM 244  
(8-2003)  
10 CFR 40

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0027 EDPRES: 08/02/00

### REGISTRATION CERTIFICATE - USE OF DEPLETED URANIUM UNDER GENERAL LICENSE

Estimated time per response to comply with this mandatory collection request: 1 hour. NRC requires this information to identify the general licensee and to facilitate subsequent communication. Send comments regarding burden estimate to the Records Management Branch (F-8 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0099, or by e-mail to [records@nrc.gov](mailto:records@nrc.gov), and to the Civil Liberties Office of Information and Regulatory Affairs, HFE00-11802, (7530-0021), Office of Management and Budget, Washington, DC 20503. If a small entity is impacted, an information collection does not display a OMB control number, the NRC may not collect or sponsor, and a person is not required to respond to, the information collection.

Section 40.25 of 10 CFR Part 40 establishes a general license authorizing the use of depleted uranium contained in industrial products or devices for mass-volume applications. Submit this NRC form 244 within 30 days after the first receipt or acquisition of such depleted uranium.

#### 1. INSTRUCTIONS:

- A. Print or type the name and address of the registrant (including ZIP Code) for whom this form is filed in Box 3 below.
- B. Submit this form in duplicate to:
  - Director, Office of Nuclear Material Safety and Safeguards  
U.S. Nuclear Regulatory Commission  
Washington, DC 20555-0001
  - with a copy to the appropriate Regional Administrator at the address listed on the reverse.
 (NRC will assign a file number, and a copy of this form will be returned to you.)

2. I hereby file NRC Form 244 pursuant to 10 CFR 40.25, for use of depleted uranium contained in industrial products or devices for mass-volume applications.

3. NAME AND ADDRESS OF REGISTRANT FOR WHOM THIS FORM IS FILED (Include Zip Code)

RADPARTS, COM, INC.  
13614 WOODBURY ROAD  
HASLETT, MI 48840

4. FILE NUMBER (Leave blank - to be assigned by NRC)

194  
FOR THE U.S. NUCLEAR REGULATORY COMMISSION  
*Traci Kime* 3/4/2004

5. INDIVIDUAL DAILY AUTHORIZED TO ACT FOR AND ON BEHALF OF THE REGISTRANT IN SUPERVISING THE PROCEDURES

A. NAME

DIMITRO ROMANYSZYN

B. TITLE

PRESIDENT

C. ADDRESS

12464 BEARDSLEE ROAD  
PERRY, MI 48872

D. TELEPHONE NUMBER

517-339-6784

E. FACSIMILE TELEPHONE NUMBER

517-339-1215

F. E-MAIL ADDRESS

DEE @ RADPARTS, COM

#### 6. CERTIFICATION

I hereby certify that:

- A. All information in this registration certificate is true and complete.
- B. This registrant has developed and will maintain procedures designed to establish physical control over the depleted uranium described in 10 CFR 40.25(a) and designed to prevent transfer of such depleted uranium in any form, including metal scrap, to persons not authorized to receive the depleted uranium.
- C. I understand that Commission regulations require that any changes in information furnished by a registrant on this registration certificate be reported in writing to the Director, Office of Nuclear Material Safety and Safeguards, with a copy to the appropriate Regional Administrator at the address listed on the reverse, within 30 days after the effective date of such change.
- D. I understand that the registrant is required to comply with the provisions of Section 40.25 of the NRC's regulation 10 CFR Part 40 (reprinted on the reverse side of this form) with respect to all depleted uranium which the registrant receives, acquires, uses, or transfers under the general license for which this registration certificate is filed with the U.S. Nuclear Regulatory Commission.

E. PRINTED OR TYPED NAME AND TITLE OF PERSON FILING FORM

DIMITRO ROMANYSZYN

F. SIGNATURE

*Dimitro Romanyszyn*

G. DATE

2-19-04

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 WILFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

This is to acknowledge the receipt of your letter/application dated

12/3/2008, and to inform you that the initial processing which includes an administrative review has been performed.

Admin. 47-17282-01  
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

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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** 136121.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

BETWEEN: : (FOR LFMS USE)  
 : INFORMATION FROM LTS  
 : -----  
 :  
 License Fee Management Branch, ARM : Program Code: 02230  
 and : Status Code: 0  
 Regional Licensing Sections : Fee Category: 7C 2B  
 : Exp. Date: 20130430  
 : Fee Comments: \_\_\_\_\_  
 : Decom Fin Assur Reqd: N  
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED  
 Applicant/Licensee: OHIO VALLEY MEDICAL CENTER  
 Received Date: 20041213  
 Docket No: 3012498  
 Control No.: 136121  
 License No.: 47-17282-01  
 Action Type: Amendment

2. FEE ATTACHED  
 Amount: \_\_\_\_\_  
 Check No.: \_\_\_\_\_

3. COMMENTS

Signed M. A. Perkins  
 Date 12/15/04

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

1. Fee Category and Amount: \_\_\_\_\_  
 2. Correct Fee Paid. Application may be processed for:  
 Amendment \_\_\_\_\_  
 Renewal \_\_\_\_\_  
 License \_\_\_\_\_  
 3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
 Date \_\_\_\_\_