

10 CFR 20.260(f); 40.420(f); 70.360(f); and 72.540(f)

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CERTIFICATE OF DISPOSITION OF MATERIALS

LICENSEE NAME AND ADDRESS

*Rhoda H. Cobin, MD
44 Cedarwin Ave
Midland Pt, NJ 07050*

LICENSE NUMBER

29-18376-02

DOCKET NUMBER

03033984

LICENSE EXPIRATION DATE

2/22/2011

NAF

- This license has expired. **A. LICENSE STATUS (Check the appropriate box)**
 This license has not yet expired; please terminate it.

B. DISPOSAL OF RADIOACTIVE MATERIAL

(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)

The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:

- 1. No radioactive materials have ever been procured or possessed by the licensee under this license.
- 2. All activities authorized by this license have ceased, and all radioactive materials procured and/or possessed by the licensee under this license number cited above have been disposed of in the following manner:
 - a. Transfer of radioactive materials to the licensee listed below:
 - b. Disposal of radioactive materials:
 - 1. Directly by the licensee: *see attached*
 - 2. By licensed disposal site:
 - 3. By waste contractor:
- c. All radioactive materials have been removed such that any remaining residual radioactivity is within the limits of 10 CFR Part 20, Subpart E, and is ALARA.

C. SURVEYS PERFORMED AND REPORTED

- 1. A radiation survey was conducted by the licensee. The survey confirms:
 - a. the absence of licensed radioactive materials
 - b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.
- 2. A copy of the radiation survey results:
 - a. is attached; or b. is not attached (Provide explanation); or c. was forwarded to NRC on: _____ Date
- 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and
 - a. The results of the latest leak test are attached; and/or
 - b. No leaking sources have ever been identified.

The person to be contacted regarding the information provided on this form:

NAME <i>Rhoda H. Cobin MD</i>	TITLE <i>Medical Director PhD</i>	TELEPHONE (include Area Code) <i>201-444-5512</i>	E-MAIL ADDRESS
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Mail all future correspondence regarding this license to: *25 North Park Ave Ridgewood NJ 07450 Suite 202*

C. CERTIFYING OFFICIAL

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

PRINTED NAME AND TITLE <i>Rhoda H. Cobin, MD</i>	SIGNATURE <i>[Signature]</i>	DATE <i>1/14/05</i>
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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 RESPECT. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO WILLFULLY MAKE A FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.



RETURN PACKING LIST

FROM:

Company Name Rhoda H Cobin, MD

Address 44 Godwin Ave

City Medford Park State NJ

Zip 07452

Contact Name Rhoda Cobin MD

Phone Number 201-444-5552

SEND TO:

Isotope Products Laboratories
An Eckert & Ziegler Company

1800 North Keystone Street
Burbank, CA 91504

Tel. 661-309-1010
Fax 661-257-8303
E-mail: nucmedsales@isotopeproducts.com

RETURN #RA-91421

STOP: Fill in the return number to the left. This packing list must be affixed to the outside of the package. Each returned source to IPL must be on a one-to-one exchange basis only. For additional returns, please contact IPL customer service for additional cost considerations.

Important: Please complete all requested information below.

Nuclide	Activity	Reference Date	Serial Number	Capsule Description
1) <u>Co57</u>	<u>5.353 mci</u>	<u>5/1/00</u>	<u>686-21-7</u>	<u>Vial Source</u>
2) <u>Ba-133</u>	<u>289 uci</u>	<u>9/22/81</u>	<u>3550981A-59</u>	<u>Vial Source</u>
3) <u>Cs137</u>	<u>508 mci</u>	<u>6/8/02</u>	<u>895-95</u>	<u>Rad Source</u>
4) _____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____

FAX NUMBER: 201-444-4490

NOTE: FAX number must be provided to ensure acknowledgement of return receipt.

This section for IPL internal use only

Received at IPL By: ISIDORO LANDEROS

Print Name _____

Date 1 DEC 04

All source(s) received at IPL per packing slip? Yes No

This is receipt for return of Isotope Rad 12/1/04

Radioactive Source Inventory

RSO _____

Facility: Dr. Cobin

Date December 10, 2004

Isotope	Model #	Serial #	Original Activity	Units	Cal. Date	Current Activity	Units	Source Type	In/Out of Service
Co-57		686-21-7	5.4	mCi	5/1/2000	0.074	mCi	Vial	IN
Ba-133	NES 358	S3580981A-59	289.0	uCi	9/22/1981	62.46	uCi	Vial	IN

Date Inventory must next be performed March-05

Test Performed By David S. Marsden Ph.D.FACR

Note: The above sources have been returned to Isotope Products (RA # 91421) By JRT INC.
There are no radioactive sources on the premises.

Area Survey and Wipe Test: FINAL

RSO _____

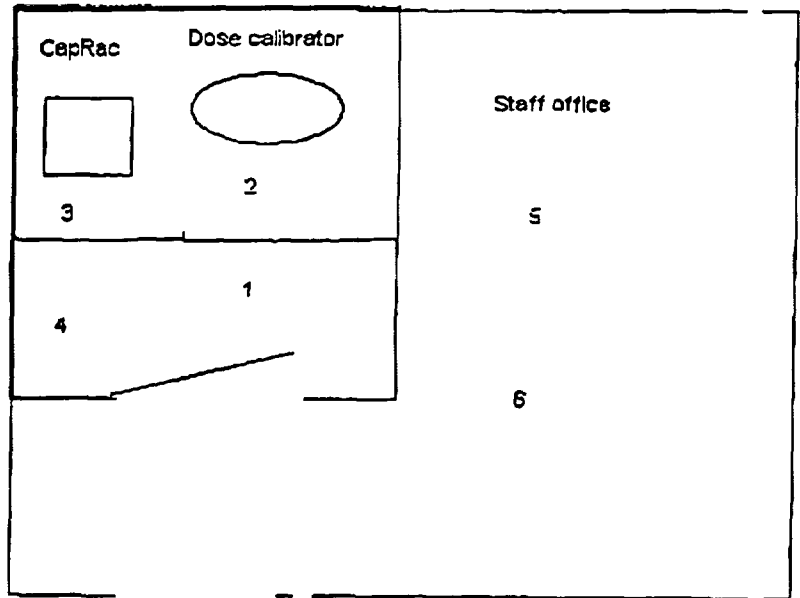
Dr. Cobins Hot Lab. The hot lab was actually a locked closed. The storage area was on a shelves underneath the dose calibrator.

Facility: Dr. Cobins Office Midland Park NJ

Date 12/10/2004

Meter: Ludlum 14c; sn 55453
cal.:1-21-04

Caprac



Area	Description	Survey mR/hr	Wipe dpm (net)	comments
BKG	Background	0.03	38 cpm	Acceptable
1	storage (under dose calibrator)	0.03	4	Acceptable
2	dose calibrator	0.03	0	Acceptable
3	CapRac	0.03	6	Acceptable
4	Floor closet	0.03	8	Acceptable
5	Office	0.03	0	Acceptable
6	Office floor	0.03	0	Acceptable

David S. Marsden

Test Performed By David S. Marsden Ph. D.. FACR

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

1/14/2005, and to inform you that the initial processing which includes an administrative review has been performed.

TEAM. 29-18376-02 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

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 136293.
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: 02200
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20110228
 : Fee Comments: _____
 : Decom Fin Assur Reqd: N
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: COBIN, RHODA H., M.D.
 Received Date: 20050114
 Docket No: 3033984
 Control No.: 136293
 License No.: 29-18376-02
 Action Type: Termination

2. FEE ATTACHED
 Amount: _____
 Check No.: _____

3. COMMENTS

Signed M. A. Perkins
 Date 1/16/2005

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 _____