

ILIA RUIZ GANDULLA, MD
APARTADO 870
MAYAGUEZ, PR 00681-0870
TEL. (787) 851-3701

10 de enero de 2005

03030097

ASUNTO: CANCELAR RENOVACION DE LICENCIA
REF: NUMERO DE LICENCIA 52-24929-01

Señor Bermudez

Solicito la cancelación de mi licencia de Beta Radiation. Yo me he retirado de mi profesión como medico oftalmólogo. La fuente Strontium 90 fue entregada al señor Pedro Montes para que dispuciera o decomisará a la misma. El señor Montes era mi fisico. A mi entender el señor Montes habia informado sobre la decomisación de dicha fuente.

Agradezco que se comunique con el señor Montes.

Atentamente



Ilia Ruiz Gandulla, MD
Oftalmologo

05 JAN 20 P2:49

RECEIVED
REGION 1

136321

NMSS/RGNI MATERIALS-032

ILIA RUIZ GANDULLA, MD
P.O.BOX 870
MAYAGUEZ, PR 00861-0870
TELEPHONE (787) 851-3701

January 10, 2005

SUBJECT: CANCEL LICENSE RENEWAL
REFERENCE: LICENSE NO. 52-24929-01

Mr. Bermúdez:

I request cancellation [termination] of my beta radiation license. I have retired from my profession as ophthalmology physician. The strontium-90 source was handed over to Mr. Pedro Montes for the disposal or decommissioning of such source. Mr. Montes is my physicist. It is my understanding that Mr. Montes had informed about the decommissioning of such source.

I appreciate if you communicate with Mr. Montes.

Sincerely,

/s/

Ilia Ruiz Gandulla, MD
Ophthalmologist

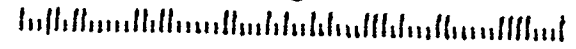
136321

Dra L. Ruiz Mendulla
Box 870
Mayaguez, PR 00681-0870



nuclear Regulatory Commission Region II
U.S. Nuclear Regulatory Commission
Federal Center
61 Forsyth St.
S.W. Suite 13785
Atlanta, Georgia 30303

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

1/10/2005, and to inform you that the initial processing which includes an administrative review has been performed.

TERMINATION 52-24929-D
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 136321.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (R1)
(8-96)

Sincerely,
Licensing Assistance Team Leader

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02210
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20121108
 : Fee Comments: _____
 : Decom Fin Assur Req'd: N
 ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: GANDULLA, ILIA RUIZ, M.D.
 Received Date: 20050112
 Docket No: 3030097
 Control No.: 136321
 License No.: 52-24929-01
 Action Type: Termination

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

3. COMMENTS

Signed M.A. Perkins
 Date 1/21/05

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 _____