

LICENSE #(s): 32-25568-026
ADDRESS: Sensor Services, Inc.
2757 Rander Park Drive
Sherrills Ford, NC 28673

DOCKET #(s): 030-35773
EXPIRATION DATE: 7/31/2011
DATE OF CONTACT: 12/1/04
CONTACTED BY: Rodney Lake
TITLE: President
TELEPHONE: 814-827-8099

LICENSE TERMINATED:

LICENSE TRANSFERRED:

LICENSE TRANSFERRED TO: Name: _____
Address: _____

Telephone: _____

BASIS FOR TERMINATION AND/OR RETIREMENT: Change of ownership/mailing
New owner located in Pennsylvania.

TERMINATION DOCUMENTATION

- 1. License termination meets Type I criteria: Y N
- Licensee used sealed sources only and the most recent leak test demonstrates that they did not leak while in the licensee's possession
- Licensee used radioactive material with $T_{1/2} \leq 60$ days and it has decayed to less than the activity in 10 CFR Part 20 Appendix C
- 2. License termination meets Type II criteria: Y N
- Licensee possessed and used only sealed sources but cannot demonstrate that the sources did not leak while in the licensee's possession
- Licensee possessed unsealed radioactive material with $T_{1/2} \leq 60$ days but the maximum activity authorized under the license has not decayed to less than the quantity specified in 10 CFR Part 20, Appendix C
- Licensee possessed unsealed radioactive material with $T_{1/2} > 60$ days but ≤ 120 days.
- Licensee possessed ^{14}C or ^3H but the total activity(s) and use authorized under the license warrants decommissioning under Type II (describe rationale above)

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NMSS/RGN MATERIALS-001

3. License termination meets Type III criteria: Y ___ N ___
 ___ Decommissioning qualifies for a categorical exclusion under 10 CFR 51.22 (c) and
 ___ Licensee will decommission its facility in accordance with the NRC's criteria for unrestricted use.
4. License termination meets Type IV criteria: Y ___ N ___
 ___ Decommissioning does not qualify for a categorical exclusion under 10 CFR 51.22 (c)
 ___ Licensee will decommission its facility such that residual radioactive material may remain in excess of NRC's criteria for unrestricted use.
5. Termination survey required: Y ___ N
 ___ Termination survey submitted by licensee
 ___ Termination survey satisfies NRC survey requirements
6. Form 314 or equivalent submitted: Y N ___
 ___ Staff verified disposition of sealed sources:
 or unsealed radioactive material
 by:
 letter from Form 314 recipient
 ___ call to Form 314 recipient
7. Licensee transfer records discussed in 10 CFR Parts 30.35, 30.36,
 30.51; 40.36, 40.42, 40.61; or 70.25, 70.38, 70.51 Y N ___
 To USNRC
 To individual assuming responsibility for the license, with a copy of the cover letter to NRC
8. NRC closeout inspection required: Y ___ N
 ___ Closeout inspection performed:
 on: _____
 Inspector: _____
9. Closeout survey performed: Y ___ N ___
 on: _____
 by: _____

Licensing assistant completing form: _____ Date: _____
 or
 License reviewer completing form: Donna Janda Date: 3/3/2005
 Branch Chief: _____ Date: _____