

**Waterbury Hospital Health Center,
64 Robbins Street
Waterbury CT 06721**

RECEIVED
REGION 1

April 5, 2005

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Nuclear Regulatory Commission
Region I
Nuclear Materials Safety Branch
Division of Radiation Safety and Safeguards
475 Allendale Road
King of Prussia, PA 19406-1415

03001251

REFERENCE: License # 06-02406-01 Amendment

To Whom It May Concern:

Please amend our license as follows:

1. Remove depleted uranium from our license.

This metal was used as shielding in a 4Mv linear accelerator. The linear accelerator and uranium was transferred to Florida Veterinary Specialists, (Dr. Neal Shaw), 3000 Busch Lake Blvd, Tampa, FL 33614, Ph: 813-933-8944. A copy of their General License for Deplete Uranium (Certificate # G0885-1) is attached.

2. Add an additional supplier for Gadolinium 153 Sealed Sources:

In addition to the previously submitted suppliers (Dupont Source Model # NES-8412, & North American Scientific Source Model # MED 3601) for Gd-153 sources, we wish to Add:

Isotope Products Laboratories, 24937 Tibbitts Avenue, Valencia, CA 91355, 661-309-1010,
Source Model Number: NES-8412

The sources are in the form of line sources with a length of 522 mm and an active diameter of 1.4 to 1.7 mm, and an activity not to exceed 325 mCi per source. We request a total possession limit of 8 sources with a total of 2500 mCi to allow for exchange.

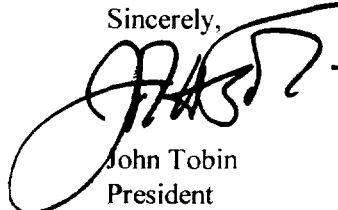
The sources are used in conjunction with the ADAC Vantage dual head gamma camera system to perform transmission imaging for attenuation correction. One source is used for each head.

The model number of the device the sources will be used in is CA102D1015.

Gd153 has a half life of 241.6 days, and sources will be replaced approximately on an annual basis. Depleted sources will be disposed of through an exchange program with ADAC, and the supplier's safety procedures will be followed for the use and radiation safety testing (ADAC use and safety documentation previously submitted). Radiation levels are evaluated in the room on a daily basis, and leak testing is performed on a semi-annual basis. The door to the room is also posted with a "Caution Radiation Area" sign.

Please let me know if additional information is required. Thank you.

Sincerely,



John Tobin
President

Enc: FL Depleted Uranium License

136851
NMSS/RGNI MATERIALS-002

FLORIDA DEPARTMENT OF HEALTH
Bureau of Radiation Control
Radioactive Materials Section (HSRM)
DWM/SGM
1317 Field Cypress Way
Tallahassee, FL 32399-1744

MAY 27 2003

GENERAL LICENSE FOR DEPLETED URANIUM

Florida Department of Health Regulations 64E-5.205, Florida Administrative Code (F.A.C.) "Control of Radiation Hazard Regulations" provides a General License authorizing receipt, possession and use of depleted uranium and sets forth certain requirements to which the general licensee is subject.

INSTRUCTIONS: Submit this form in triplicate along with the registration fee to the Department of Health, Bureau of Radiation Control, 1317 Winewood Boulevard, Tallahassee, FL 32399-0700

1. Please print or type within the box below, the name, address (including zip code) and telephone number of registrant.

Florida Veterinary Specialists
Dr. Neil Shaw
3000 BUSCH LAKE BLVD.
Tampa, FL 33614

Phone: (813) 933-8944

NUMBERS TO BE ASSIGNED BY DOH:

G0885-1

CERTIFICATE NUMBER

EXPIRATION DATE:

2. Depleted Uranium Physical Form: Shielding for colimator (solid) & counterweight
Amount (lbs.): 300 lbs (approx)
3. Make and Model Number of Device: Varian Clinac 4/100
4. Use of Material: Shielding for linear accelerator colimator
5. Name and Title of Person Responsible for the Material: Dr. Neil Shaw

CERTIFICATION: I HEREBY CERTIFY THAT:

6. The General Licensee has developed and will maintain procedures designed to establish physical control over the depleted uranium.
7. The General Licensee developed and will maintain procedures designed to establish physical control over the depleted uranium described in Paragraph 64E-5.205, F.A.C. and designed to prevent transfer of such depleted uranium in any form, including metal scrap, to persons not authorized to reserve the depleted uranium.
8. The General Licensee agrees to report in writing to the department any changes in information furnished by him within 30 days after the effective date of such changes.
9. The General Licensee agrees to abide by all applicable rules in 64E-5; portions of which are printed on the reverse of this form.

DATE: 5/21/03BY: [Signature]

(Signature of Person Filing Form)

Darryl Shaw, Hospital Administrator
(Print Name and Title of Person Filing Form)

10. The form serves as the GENERAL LICENSE when date stamped by the Bureau of Radiation Control.

FEE PAID
\$105.00
CR # 16499

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

4/5/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 06-02406-01
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

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 136851.
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:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02120
: Status Code: 0
: Fee Category: 7C 2B
: Exp. Date: 20050831
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: WATERBURY HOSPITAL HEALTH CENTER
Received Date: 20050411
Docket No: 3001251
Control No.: 136851
License No.: 06-02406-01
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed Rebecca Lund
Date 4/20/05

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 _____