



DEPARTMENT OF HEALTH & HUMAN SERVICES

National Institutes of Health
National Institute on Drug Abuse
Intramural Research Program
5500 Nathan Shock Drive
Baltimore, MD 21224

April 19, 2005

U.S. Nuclear Regulatory Commission, Region I
Nuclear Materials Safety Section B
475 Allendale Rd.
King of Prussia, PA 19406

19-09760-02
03031714

Attn: Ms. Marjorie McLaughlin
Health Physicist

STATEMENT OF INTENT

As Director of the Intramural Research Program, National Institute on Drug Abuse, NIH, DHHS, I exercise express authority and responsibility to request from the National Institutes of Health funds for decommissioning activities associated with operations authorized by U.S. Nuclear Regulatory Commission Material License No. 19-09760-02. This authority devolves from the U.S. Department of Health and Human Services, and inheres in my position. Within this authority, I intend to request that funds be made available when and if necessary in the amount of \$1,125 K to decommission Building C, located at 5500 Nathan Shock Drive, Baltimore, MD 21224, actual cost of which is estimated at \$1,000. I intend to request and obtain these funds sufficiently in advance of decommissioning to prevent delay of required decommissioning activities.

Barry J. Hoffer, M.D., Ph.D.
Director
Intramural Research Program
National Institute on Drug Abuse, NIH

s/a assurance.nrc.4-2005

NONNEGOTIABLE

136917
NMSS/RGNI MATERIALS-002

CERTIFICATION OF FINANCIAL ASSURANCE

Principal: National Institute on Drug Abuse Intramural Research Program
National Institutes of Health, DHHS
5500 Nathan Shock Dr.
Baltimore, MD 21224

License #: 19-09760-02

Facility
Addresses: 5500 Nathan Shock Dr.
Baltimore, MD 21224


333 Cassell Dr.
Baltimore, MD 21224

5510 Nathan Shock Dr.
Baltimore, MD 21224

Issued to: U.S. Nuclear Regulatory Commission

I certify that the National Institute on Drug Abuse Intramural Research Program is licensed to possess the types of unsealed byproduct material, and sealed sources or foils, with half-life greater than 120 days, permitted by the above-captioned Type B broad-scope license under 10 CFR Part 30.

I further certify that financial assurance in the amount of \$1,125 K has been obtained for the purpose of decommissioning as prescribed by 10 CFR Part 30.



Barry J. Hoffer, M.D., Ph.D.
Director
Intramural Research Program
National Institute on Drug Abuse, NIH

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

4/19/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Financial Assurance 19-09760-02
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 136917.
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)
(6-98)

Sincerely,
Licensing Assistance Team Leader

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 03611
: Status Code: 0
: Fee Category: EX 3L
: Exp. Date: 20101031
: Fee Comments: _____
: Decom Fin Assur Req: Y
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: HEALTH & HUMAN SERVICES, DEPT. OF
Received Date: 20050422
Docket No: 3031714
Control No.: 136917
License No.: 19-09760-02
Action Type: Fin. Assurance

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed Rebecca Juncos
Date 4/22/2005

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 _____