

**Wilkes-Barre Cardiac Imaging Associates
142 Mundy Street
Wilkes-Barre, PA 18702**

June 22, 2005

Licensing Assistant Section
Nuclear Materials Safety Branch
U.S. Nuclear Regulatory Commission, Region 1
475 Allendale Road
King of Prussia, PA 19406-1415

RECEIVED
REGION 1
2005 JUN 27 PM 1:36

Dear Sirs or Madam,

We wish to terminate NRC license number 37-30416-02: 030 36251

Wilkes-Barre Cardiac Imaging Associates
142 Mundy Street
Wilkes-Barre, PA 18702

We never opened this facility and therefore no radioactive materials have ever been procured or possessed by the licensee under this license.

Because we never possessed licensed materials a close-out survey was not conducted.

If you require any additional information, please feel free to contact me.

Sincerely,



Charles Leo, MPA
Practice Administrator

137307
NMSS/RGNI MATERIALS-002

CERTIFICATE OF DISPOSITION OF MATERIALS

Estimated burden per response to comply with this mandatory collection request: 30 minutes. This submittal is used by NRC as part of the basis for its determination that the facility is released for unrestricted use. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0028), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

LICENSEE NAME AND ADDRESS

Wilkes-Barre Cardiac Imaging Associates
142 Mundy Street
Wilkes-Barre, PA 18702

LICENSE NUMBER

37-30416-02

DOCKET NUMBER

030-36251

LICENSE EXPIRATION DATE

05/31/2013

A. LICENSE STATUS (Check the appropriate box)

- ☐ This license has expired. ☒ 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:
- ☐ 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

Samuel L. Payne, M.S.

TITLE

Radiation Safety Officer

TELEPHONE (Include Area Code)

(570) 477-3925

E-MAIL ADDRESS

sampayne@epix.net

Mail all future correspondence regarding this license to:

Charles Leo, Wilkes-Barre Imaging, 146 Mundy Street, Wilkes-Barre, PA 18702-6890

C. CERTIFYING OFFICIAL

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

PRINTED NAME AND TITLE

Charles Leo, MPA, Administrator

SIGNATURE

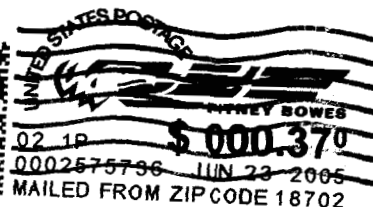
DATE

06/21/2005

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 MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

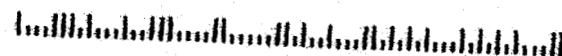


WILKES-BARRE IMAGING CENTER
146 Mundy Street
Wilkes-Barre, PA 18702-6890



LICENSING ASSISTANT SECTION
NUCLEAR MATERIALS SAFETY BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
475 ARLINGDALE RD
KING OF PRUSSIA, PA 19406-1415

19406-1415



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

6/22/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Termination 37-30416-02 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** 137307.
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: 02201
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20130531
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: WILKES-BARRE CARDIAC IMAGING ASSOC.
Received Date: 20050623
Docket No: 3036251
Control No.: 137307
License No.: 37-30416-02
Action Type: Termination

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed _____
Date _____

Rebecca J. Ford
7/1/05

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 _____