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NRC FORM 314 <small>(8-2004)</small> <small>10 CFR 30.30(f)(1); 40.42(f)(1);</small> <small>70.58(f)(1); and 72.54(f)(1)</small>	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0028	EXPIRES: 04/30/2007
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CERTIFICATE OF DISPOSITION OF MATERIALS

LICENSEE NAME AND ADDRESS Woman's Medical Hospital 3300 Henry Avenue Philadelphia, PA 19129	LICENSE NUMBER 37-30485-01	DOCKET NUMBER 030-34872
		LICENSE EXPIRATION DATE 4-30-05

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): c. was forwarded to NRC on: 10-22-05
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 NANCY J. PICKERING M.D.	TITLE CEO/WOMAN'S MEDICAL HOSP	TELEPHONE (include Area Code) 215-877-7400	E-MAIL ADDRESS
Mail all future correspondence regarding this license to: NANCY J. PICKERING M.D. 3999 CONSISTO HOCKEN AVE. (REAR) PHILA PA 19131			

C. CERTIFYING OFFICIAL

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT 136693

PRINTED NAME AND TITLE NANCY J. PICKERING M.D. CEO	SIGNATURE 	DATE 3-17-06
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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.