

P-7 03035813

<p>NRC FORM 314 (6-2004) 10 CFR 30.36(X)(1); 40.42(X)(1); 70.38(X)(1); and 72.54(X)(1)</p>	<p>U.S. NUCLEAR REGULATORY COMMISSION</p>	<p>APPROVED BY OMB: NO. 3150-0028</p>	<p>EXPIRES: 06/30/2007</p>
<p>CERTIFICATE OF DISPOSITION OF MATERIALS</p>		<p>Estimated burden per response to comply with this mandatory collection request: 30 minutes. This submission 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, NE08-10202, (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.</p>	
<p>LICENSEE NAME AND ADDRESS Heart Specialists of Lancaster 802 New Holland Ave., Suite 200 Lancaster, PA 17602</p>		<p>LICENSE NUMBER 37-30673-01</p>	<p>DOCKET NUMBER</p>
		<p>LICENSE EXPIRATION DATE 10-31-11</p>	
<p>A. LICENSE STATUS (Check the appropriate box)</p>			
<p><input type="checkbox"/> This license has expired. <input type="checkbox"/> This license has not yet expired; please terminate it. <i>For 802 New Holland Ave location</i></p>			
<p>B. DISPOSAL OF RADIOACTIVE MATERIAL</p>			
<p>(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:</p>			
<p><input type="checkbox"/> 1. No radioactive materials have ever been procured or possessed by the licensee under this license.</p>			
<p><input checked="" type="checkbox"/> 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.</p>			
<p><input checked="" type="checkbox"/> a. Transfer of radioactive materials to the licensee listed below:</p>			
<p><input type="checkbox"/> b. Disposal of radioactive materials:</p>			
<p><input type="checkbox"/> 1. Directly by the licensee:</p>			
<p><input type="checkbox"/> 2. By licensed disposal site:</p>			
<p><input type="checkbox"/> 3. By waste contractor:</p>			
<p><input checked="" type="checkbox"/> 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.</p>			
<p>C. SURVEYS PERFORMED AND REPORTED</p>			
<p><input checked="" type="checkbox"/> 1. A radiation survey was conducted by the licensee. The survey confirms:</p>			
<p><input checked="" type="checkbox"/> a. the absence of licensed radioactive materials</p>			
<p><input type="checkbox"/> b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.</p>			
<p><input checked="" type="checkbox"/> 2. A copy of the radiation survey results:</p>			
<p><input checked="" type="checkbox"/> a. is attached; or <input type="checkbox"/> b. is not attached (Provide explanation); or <input type="checkbox"/> c. was forwarded to NRC on: _____ Date</p>			
<p><input type="checkbox"/> 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and</p>			
<p><input type="checkbox"/> a. The results of the latest leak test are attached; and/or <input type="checkbox"/> b. No leaking sources have ever been identified.</p>			
<p>The person to be contacted regarding the information provided on this form:</p>			
NAME Frank Cruz	TITLE Chief Technologist	TELEPHONE (Include Area Code) 717-358-1306	E-MAIL ADDRESS frankc@
<p>Mail all future correspondence regarding this license to: 802 New Holland Ave Lancaster PA 17602 heartspecialists@lancaster.com</p>			
<p>C. CERTIFYING OFFICIAL</p>			
<p>I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT</p>			
PRINTED NAME AND TITLE Brenda Wade Practice Administrator		SIGNATURE <i>Brenda Wade</i>	DATE 09-6-06
<p>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.</p>			