

Br. 1

<p>NRC FORM 314 (11/2004) 10 CFR 30.386(j)(1); 40 CFR 20.11; 70 CFR 2.240(j)(1)</p>	<p>U.S. NUCLEAR REGULATORY COMMISSION</p>	<p>APPROVED BY OMB: NO. 3150-0028 EXPIRES: 06/30/2007</p> <p><small>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 info@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 person 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.</small></p>
--	--	--

CERTIFICATE OF DISPOSITION OF MATERIALS

<p>LICENSEE NAME AND ADDRESS</p> <p>East Brunswick Surgical Center, LLC DBA Robert Wood Johnson Surgery Center 561 Cranbury Rd. East Brunswick, New Jersey 08816</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">LICENSE NUMBER</td> <td style="width:50%;">DOCKET NUMBER</td> </tr> <tr> <td>29-30922-01</td> <td>03036601</td> </tr> <tr> <td colspan="2">LICENSE EXPIRATION DATE</td> </tr> <tr> <td colspan="2">07/31/2014</td> </tr> </table>	LICENSE NUMBER	DOCKET NUMBER	29-30922-01	03036601	LICENSE EXPIRATION DATE		07/31/2014	
LICENSE NUMBER	DOCKET NUMBER								
29-30922-01	03036601								
LICENSE EXPIRATION DATE									
07/31/2014									

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.

N/A

The person to be contacted regarding the information provided on this form:

NAME	TITLE	TELEPHONE (include Area Code)	E-MAIL ADDRESS
Christine Reilly	Administrator	(732) 390-4300	creilly@unitedsurgical.com

Mail all future correspondence regarding this license to _____

C. CERTIFYING OFFICIAL

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

PRINTED NAME AND TITLE	SIGNATURE	DATE
Christine Reilly		09/25/2006

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.

139449

NMSS/RGNI MATERIALS-002

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

9/25/2006, and to inform you that the initial processing which includes an administrative review has been performed.

Termination 29-30922-01 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 139449.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.