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Br.1

29-15739-01
03009678

Andrew Mintz
Summit Medical Group
1 Diamond Hill Road- Bensley Pavilion
Berkley Heights, NJ 07922

Re. Decommissioning Summit Medical Group, Summit Avenue, Summit, NJ

August 30, 2006

Dear Mr Mintz,

A decommissioning survey the Nuclear Medicine Department, 120 Summit Avenue, Summit NJ was completed on Wednesday August 30, 2006. This survey was performed as required by the Nuclear Regulatory Commission and the New Jersey Bureau of Radiation Protection. The results of the survey are attached.

I remain available should you have any questions regarding the survey.

Sincerely,

Elaine Rovazzi MS DABR

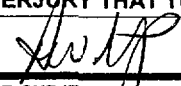
Elaine Rovazzi, M.S., D.A.B.R.

Board Certified:

American Board of Radiology

RECEIVED
REGION 1
2006 OCT -3 PM 3: 08

139496
NMSS/RGNI MATERIALS-002

NRC FORM 314 (06-2004) 10 CFR 30.36(j)(1); 40.42(j)(1); 70.38(j)(1); and 72.54(j)(1)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: N-3150-0028 Estimated burden per response to comply with this mandatory collection request: 30 minutes This 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.	EXPIRES 06/30/2007
CERTIFICATE OF DISPOSITION OF MATERIALS			
LICENSEE NAME AND ADDRESS ANDREW MINTZ SUMMIT MEDICAL GROUP 1 DIAMOND HILL ROAD - Bensley Pavilion 2nd floor BERKLEY HEIGHTS, NJ 07922		LICENSE NUMBER 29-15739-01	DOCKET NUMBER
LICENSE EXPIRATION DATE 7-31-2011			
A. LICENSE STATUS (Check the appropriate box)			
<input type="checkbox"/> This license has expired. <input type="checkbox"/> 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:			
<input type="checkbox"/> 1 No radioactive materials have ever been procured or possessed by the licensee under this license.			
<input 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:			
<input checked="" type="checkbox"/> a. Transfer of radioactive materials to the licensee listed below: Our Nuclear medicine pharmacy moved all our radioactive material (sealed sources) and waste from our 120 Summit Ave, Summit NJ to our new location at 1 Diamond Hill Road, Bensley Pavilion, Berkley Heights, NJ			
<input type="checkbox"/> b. Disposal of radioactive materials:			
<input type="checkbox"/> 1 Directly by the licensee:			
<input type="checkbox"/> 2 By licensed disposal site:			
<input type="checkbox"/> 3 By waste contractor:			
<input 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.			
C. SURVEYS PERFORMED AND REPORTED			
<input checked="" type="checkbox"/> 1 A radiation survey was conducted by the licensee. The survey confirms:			
<input checked="" type="checkbox"/> a. the absence of licensed radioactive materials			
<input type="checkbox"/> b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.			
<input checked="" type="checkbox"/> 2 A copy of the radiation survey results:			
<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			
<input type="checkbox"/> 3 A radiation survey is not required as only sealed sources were ever possessed under this license, and			
<input type="checkbox"/> a. The results of the latest leak test are attached; and/or <input type="checkbox"/> c. No leaking sources have ever been identified.			
The person to be contacted regarding the information provided on this form:			
NAME Elaine Rovazzi MS DABR	TITLE Nuclear Medicine Consulting Physician	TELEPHONE (Include Area Code) 973-322-5118	E-MAIL ADDRESS ROVAZZI@aol.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 Andrew Mintz/Executive Director	SIGNATURE 	DATE 10/2/06	
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.			

Summit Medical Group
1 Diamond Hill Road
Bensley Pavilion- Second Floor
Berkley Heights, NJ

NJBRP License #20272
NRC License #29-15739-01

DECOMMISSIONING SURVEY NUCLEAR MEDICINE
AUGUST 30, 2006

Area Survey

Locations surveyed: 1. Hot Lab/ Scanning Area/Treadmill

Instrument: Ludlum Model 14-C Serial # #67086
Pancake Probe Model 44-9 Serial # #077216
Calibration Date - 3/24/06 (Check Source: 5.0 mR/hr)
Check Source Reading 8/30/06: 5.0 mR/hr

Background: Less than 0.02 mR/hr

Actual Readings: All areas were less than 0.02 mR/hr

Area Wipe Test

Locations surveyed: 1. Hot Lab/ Scanning Room/Treadmill room

Instrument: Ludlum 2200 Nal Well Counter Model
Serial # 162899
Efficiency for ^{137}Cs : 30.9%
MDA for 1 min: 0.000036 uCi

Background: 1276 cpm

Results:

1.	Hot Lab	-	1290 cpm (42dpm)
2.	Scanning Room	-	1270 cpm (33dpm)
3.	Treadmill Room	-	1230 cpm (0 dpm)

ALL AREAS WITHIN STATISTICAL BACKGROUND

Decommissioning Results: No radiation detected in any area

Elaine Rovazzi MS DABR
Elaine Rovazzi, M.S., D.A.B.R.

August 30, 2006
Date

Board Certified:
American Board of Radiology

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Bensley Pavilion- Second Floor
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JON S. CORZINE
Governor

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Division of Environmental Safety & Health
Radiation Protection & Release Prevention Element
Bureau of Environmental Radiation
Radioactive Materials Section
PO Box 445
Trenton, NJ 08625-0415
Phone (609) 434-5462
Fax (609) 431-2310

LISA P. JACKSON
Commissioner**CERTIFICATE - DISPOSITION OF RADIOACTIVE MATERIAL**

LICENSEE: (Institution, Firm, Hospital, Person, etc.)

New Jersey State License Number

NJSL 20272

[Andrew Mintz
Summit Medical Group
1 Diamond Hill Road Bensley Pavilion
Berkley Heights, NJ 07922]

Expiration Date: 4/30/2010

ADDRESS: (If same as above, write "Same")

Department(s):

RAM and waste transferred from
120 Summit Ave
Summit NJ to our new location
1 Diamond Hill Road, Summit Medical Group
Berkley Heights Bensley Pavilion
Berkley Heights NJ 07922

Individual Radioisotope User(s):

CERTIFICATION

The licensee and any individual executing this certification on behalf of the licensee
certify that: (Check appropriate items below)

ALL RADIOACTIVE MATERIAL(S) PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER
RADIOACTIVE MATERIAL LICENSE NO. NJSL 20272 HAVE BEEN:

- ☒ (1) Transferred to (State name) Summit Medical Group, Berkley Heights NJ 07922
Which has New Jersey State Radioactive Material License No. NJSL 20272
☐ (2) Disposed of by decay ☐ (3) Disposed of in compliance with the New Jersey
Radiation Protection Code.

Remarks: (If additional space is needed use reverse side.) All radioactive material and
waste was transferred to our new facility located at 1 Diamond Hill
Road Berkley Heights by our nuclear pharmacy (Nuclear Diagnostics)

SIGNATURE OF CERTIFYING OFFICIAL:

DATE:

October 2, 2006

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

8/30/2006, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 29-15739-01 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 139496.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.