



Hahne Regional  
Cancer Center

P.O. Box 447  
100 Hospital Avenue  
DuBois, Pennsylvania 15801-0447  
(814) 375-3535 FAX (814) 375-3529

December 13, 2006

*P-6*

Region 1  
U.S. Nuclear Regulatory Commission  
475 Allendale Road  
King of Prussia, PA 19406-1415

*03017294*

RE: License No. 37-19568-01

Dear Willie Lee:

Attached you will find copies of the following documents completed for the removal of Depleted Uranium from the Hahne Regional Cancer Center:

- Uniform Low-Level Radioactive Waste Manifest – Shipping Paper
- Uniform Low-Level Radioactive Waste Manifest – Container and Waste Description

Should you have any questions or require further information, please contact me at 814-375-3578 or by email at [rmcampbell@drmc.org](mailto:rmcampbell@drmc.org).

Sincerely

Rose M. Campbell RN, BSN, MBA  
Administrative Manger  
Hahne Regional Cancer Center  
P.O. Box 447  
DuBois, PA 15801-0447

enclosure

RECEIVED  
REGION 1  
2006 DEC 15 AM 10:44

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NMSS/PGM MATERIALS-002

APPROVED BY OMB: NO. 3150-0184  
EXPIRES: 06/30/2007

Estimated burden per response to comply with this information collection request: 45 minutes. This uniform manifest is required by NRC to meet reporting requirements of Federal and State Agencies for the safe transportation and disposal of low-level waste. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch, (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20585-0001, or by Internet e-mail to [infocollect@nrc.gov](mailto:infocollect@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10902, (3150-0184), 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.

NRC FORM 540 (6-2004)		UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST SHIPPING PAPER				5. SHIPPER -- NAME AND FACILITY CHASE ENVIRONMENTAL GROUP, INC. 11430 WATTERSON COURT LOUISVILLE, KY 40299		SHIPPER I.D. NUMBER NA <input checked="" type="checkbox"/> COLLECTOR <input type="checkbox"/> PROCESSOR <input type="checkbox"/> GENERATOR TYPE <i>(Specify)</i>		7. NRC FORM 540 AND 540A NRC FORM 541 AND 541A NRC FORM 542 AND 542A ADDITIONAL INFORMATION PAGE 1 OF 1 PAGE(S) None PAGE(S)		8. MANIFEST NUMBER (Use this number on all continuation pages) TO-2006-261					
1. EMERGENCY TELEPHONE NUMBER (Include Area Code) 800-424-9300		T-KY003-L06		SHIPMENT NUMBER NA		CONTACT JANET BAKER		TELEPHONE NUMBER (Include Area Code) 865-584-0633		9. CONSIGNEE - Name and Facility Address TOXCO, INC. 109 FLINT ROAD OAK RIDGE, TN 37830		CONTACT RICK LOW TELEPHONE NUMBER (Include Area Code) 865-482-5532 DATE					
ORGANIZATION CHEMTREC WDS# CHEN01RAD		6. CARRIER -- Name and Address R & R TRUCKING P.O. BOX 548 DUENWEG, MO 64841		EPA I.D. NUMBER MOR000501973		SHIPPING DATE 12/08/2006		10. CERTIFICATION This is to certify that the herein-named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. This also certifies that the materials are classified, packaged, marked, and labeled and are in proper condition for transportation and disposal as described in accordance with the applicable requirements of 10 CFR Parts 20 and 61, or equivalent state regulations.									
2. IS THIS AN "EXCLUSIVE USE" SHIPMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		3. TOTAL NUMBER OF PACKAGES IDENTIFIED ON THIS MANIFEST <b>1</b>		EPA MANIFEST NUMBER		CONTACT DON RICHEY		TELEPHONE NUMBER (Include Area Code) 417-623-6885		SIGNATURE -- <i>Authorized carrier acknowledging waste receipt</i>		DATE 12/10/06					
4. DOES EPA REGULATED WASTE REQUIRING A MANIFEST ACCOMPANY THIS SHIPMENT? If "Yes," provide Manifest Number <i>*****</i> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						SIGNATURE -- <i>Authorized generator acknowledging waste receipt</i>		DATE 12/10/06		AUTHORIZED SIGNATURE		TITLE <i>Senior Technician</i>					
11. U.S. DEPARTMENT OF TRANSPORTATION DESCRIPTION (Including proper shipping name, hazard class, UN ID number, and any additional information)		12. DOT LABEL "RADIOACTIVE"		13. TRANSPORT INDEX		14. PHYSICAL AND CHEMICAL FORM		15. INDIVIDUAL RADIONUCLIDES		16. TOTAL PACKAGE ACTIVITY (MBq)		17. LSA/SCO CLASS		18. TOTAL WEIGHT OR VOLUME (Use appropriate units)		19. IDENTIFICATION NUMBER OF PACKAGE	
Radioactive material, low specific activity (LSA-II), 7, UN 3321 Depleted Uranium for Energy Solutions		Yellow II		0.1		SOLID METAL		U-dep		8.1000E+02 (2.189E-02 Ci)		LSA-II		0.212 M3		TO-NC-E-06-728	
FOR CONSIGNEE USE ONLY																	
Generator Certification Statement:  The constituents of the waste herein are known to the generator. There are no EPA RCRA, pathogenic or other hazards present other than those specifically listed on the form 541.  Signature: <i>Wendy M. Olive</i> Title: <i>Radwaste Specialist</i>																	

NRC FORM 540 (6-2004)

APPROVED BY OMB: NO. 3150-0166  
EXPIRES: 06/30/2007

Estimated burden per response to comply with this information collection request: 3.3 hours. This uniform manifest is required by NRC to meet reporting requirements of Federal and State Agencies for the safe transportation and disposal of low-level waste. Send comments regarding burden estimate to the Records and FOIA/Privacy Service 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, NECS-19232, (3150-0166), 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.

UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST										1. MANIFEST TOTALS				2. MANIFEST NUMBER	
CONTAINER AND WASTE DESCRIPTION										SPECIAL NUCLEAR MATERIAL (grams)				TO-2006-281	
Additional Nuclear Regulatory Commission (NRC) Requirements for Control, Transfer and Disposal of Radioactive Waste										U-233	U-235	Pu	Total	3. PAGE 1 OF 1 PAGE(S)	
DISPOSAL CONTAINER DESCRIPTION										ACTIVITY (MBq)				4. SHIPPER NAME	
WASTE DESCRIPTION FOR EACH WASTE TYPE IN CONTAINER										SOURCE (kg)				CHASE ENVIRONMENTAL GROUP, INC.	
16. WASTE CLASSIFICATION										8.1000E+02				TRITIUM	
11. ALL NUCLIDES										NP				C-14	
12. NET WASTE VOLUME (m3)										NP				Tc-99	
13. NET WASTE WEIGHT (kg)										NP				I-129	
14. 8.1000E+02										NP				4.5400E+01	
15. SHIPPER ID NUMBER										NA				NA	
5. CONTAINER IDENTIFICATION NUMBER/GENERATOR ID NUMBER(S)	6. CONTAINER DESCRIPTION (See Note 1)	7. VOLUME (m3)	8. WASTE AND CONTAINER WEIGHT (kg)	9. SURFACE RADIATION LEVEL (µSv/hr) (mSv/hr)	10. SURFACE CONTAMINATION (MBq/100 cm2)		11. WASTE DESCRIPTOR (See Note 2)	12. APPROXIMATE WASTE VOLUME(S) IN CONTAINER (m3)	13. SORBENT/SOLIDIFICATION STABILIZATION MEDIA (See Note 3)	14. CHEMICAL DESCRIPTION	15. WEIGHT % CHELATING AGENT IF > 0.1%	15. RADIOLOGICAL DESCRIPTION		16. WASTE CLASSIFICATION	
TO-NC-E-06-7280470	4	0.2120	136.0000 136	65.0 12/16/06	ALPHA <3.6700E-06	BETA-GAMMA <3.6700E-05	40	0.2120	100	METAL/NP	NP	U-dep	8.1000E+02 [4.5400E+01 kg]	NA	
												Total	8.1000E+02		

**Note 1: Container Description Codes.** For containers/waste requiring disposal in approved structural overpacks the numerical code must be followed by "OP."

1. Wooden Box or Crate	9. Demineralizer
2. Metal Box	10. Gas Cylinder
3. Plastic Drum or Pail	11. Bulk, Unpackaged Waste
4. Metal Drum or Pail	12. Unpackaged Components
5. Metal Tank or Liner	13. High Integrity Container
6. Concrete Tank or Liner	19. Other. Describe in Item 6, or additional page
7. Polyethylene Tank or Liner	
8. Fiberglass Tank or Liner	

**NOTE 2: Waste Descriptor Codes.** (Choose up to three which predominate by volume.)

20. Charcoal	29. Demolition Rubble	38. Evaporator Bottoms/Sludges/Concentrates
21. Incinerator Ash	30. Cation Ion-exchange Media	39. Compactible Trash
22. Soil	31. Anion Ion-exchange Media	40. Noncompactible Trash
23. Gas	32. Mixed Bed Ion-exchange Media	41. Animal Carcass
24. Oil	33. Contaminated Equipment	42. Biological Material (except animal carcass)
25. Aqueous Liquid	34. Organic Liquid (except oil)	43. Activated Material
26. Filter Media	35. Glassware or Labware	50. Other. Describe in item 11, or additional page
27. Mechanical Filter	36. Sealed Source/Device	
28. EPA or State Hazardous	37. Paint or Plating	

**Note3: For solidification media that meet disposal site structural stability requirements, the numerical code must be followed by "S."** For all solidification media, the vendor (manufacturer) and brand name must also be identified in item 13. Code 100=NONE REQUIRED.

<b>Sorption</b>				<b>Solidification</b>
60. Speedi Dri	64. Safe T Sorb	69. Chemsil 30	74. Petrosel 30	89. Other. Describe in item 13, or additional page.
61. Celelom	65. Safe N Dri	70. Chemsil 50	75. Petrosel II	90. Cement (encapsulation)
62. Floor Dry/ Superfine	66. Florco	71. Chemsil 3030	76. Aqueset II	91. Concrete
63. Hi Dri	67. Florco X	72. Dicaperl HP200	77. Aqueset II	92. Bitumen
	68. Solid A Sorb	73. Dicaperl HP500		93. Vinyl Chloride
				94. Vinyl Ester Styrene
				99. Other. Describe in item 13, or additional page
				100. None Required.

APPROVED BY OMB: NO. 3150-0165  
EXPIRES: 06/30/2007

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NRC FORM 542 (6-2004)		1. WASTE COLLECTOR/PROCESSOR					2. MANIFEST NUMBER					
UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST		NAME			SHIPPER USE ONLY		TO-2006-261					
		CHASE ENVIRONMENTAL GROUP, INC.			IDENTIFICATION NUMBER							
		IDENTIFICATION NUMBER					SHIPPING DATE		3. PAGE 1 OF 1 PAGE(S)			
MANIFEST INDEX AND REGIONAL COMPACT TABULATION		T-KY003-L06			12/8/2008							
List all original "PROCESSED WASTE" generators (if any) before "COLLECTED WASTE" generators.												
4. GENERATOR IDENTIFICATION NUMBER	5. GENERATOR NAME PERMIT NUMBER (IF APPLICABLE) AND TELEPHONE NUMBER	6. GENERATOR FACILITY ADDRESS	7. PREPROCESSED WASTE (OR MATERIAL) VOLUME (m3)	8. MANIFEST NUMBER(S) UNDER WHICH WASTE (OR MATERIAL) RECEIVED AND DATE OF RECEIPT	9. WASTE CODE P = PROCESSED C = COLLECTED	10. ORIGINATING COMPACT REGION OR STATE	11. AS PROCESSED/COLLECTED TOTAL					
							A. SOURCE MATERIAL (kg)	B. SNM (g)	C. ACTIVITY (MBq)	D. VOLUME (m3)		
0470	Hahn Regional Cancer Center 814-375-3578	100 Hospital Avenue Dubois, PA 15801	0.2120		C	PA	4.5400E+01	0.0000E+00	8.1000E+02	0.2120		
<b>TOTALS OF ALL PAGES (FORMS 542 AND 542A):</b>							4.5400E+01	0.0000E+00	8.1000E+02	0.2120		