

Tri-State
Cardiovascular Institute

NMSSB2

Kamar T. Adeleke, M.D., F.A.C.C.

Licensing Assistance Section
US NRC- Region I
475 Allendale Rd.
King of Prussia, PA 19406-1415

June 5, 2007

03035838

Re: Amendment Request for Radioactive Materials License No.: 07-30681-01

Dear Sir or Madam,
Please process an amendment to the above referenced radioactive materials license in order to:

1. Remove the following location of use:

**612 Ferry Cut Off Road
New Castle, DE 19720**

A close-out survey is attached for your review.

All other aspects of our program will remain the same.

We will concurrently notify the State of Delaware concerning this change.

Thank you for your assistance in this licensing effort. If you need any further information please feel free to contact me at:
(302) 777-1103.

Sincerely,


Kamar T. Adeleke, M.D./ RSO
Attachment: Close-out Survey

2007 JUL 12 PM 12:31
RECEIVED
REGION 1

1508 Pennsylvania Avenue, Suite 1A • Wilmington, DE 19806

612, Ferry - Cut off Road • New Castle, DE

(302) 777-1103 • Fax (302) 777-1113

140804

NMSS/RGN1 MATERIALS-002



Close-Out Survey

Date: 12/1/06

Survey Performed by: Kofi

Facility: 612 Ferry Cut-Off Road
New Castle, DE 19720

License Numbers: NRC 07-30681-01
DE 2213AMS
2212BMN, and 2213AMN

I. Sealed Source Information:

<u>Source</u>	<u>Serial Number</u>	<u>Label Activity</u>	<u>Comment</u>
Co-57 Vial	65880	5.905 mCi	Transferred
Cs-137 Vial	LV372	9.51 MBq	Transferred
Co-57 Flood	66989	10 mCi	Transferred
			Transferred
			Transferred
Location of	Sources: Transferred to	the facility at 2401 Pennsylvania Ave.	Wilmington, DE 19806
			(Same license numbers)

II. Area Survey Information:

Instruments Used:

Survey Meter – Ludlum 14C # 197889

Check Source Reading - OK

Bkg – 0.03 mR/hr

Battery - OK

Well Counter – L 2200

HV Check Reading - OK

Bkg – 476 cpm

Survey Results:

<u>Survey Location</u>	<u>Dose Rate</u> <u>(mr/hr)</u>	<u>Wipe Count</u> <u>(dpm/100cm²)</u>	<u>Survey Location</u>	<u>Dose Rate</u> <u>(mr/hr)</u>	<u>Wipe Count</u> <u>(dpm/100cm²)</u>
Camera	<u>0.02</u>	<u>0</u>	Computer	<u>0.02</u>	<u>0</u>
Treadmill	<u>0.02</u>	<u>0</u>	EKG System	<u>0.02</u>	<u>0</u>
Hot Lab	<u>0.02</u>	<u>0</u>	Prep Area	<u>0.02</u>	<u>0</u>
Sink	<u>0.02</u>	<u>0</u>	Exam Room	<u>0.02</u>	<u>0</u>
Waiting Room	<u>0.02</u>	<u>0</u>	Office	<u>0.02</u>	<u>0</u>
Reception Area	<u>0.02</u>	<u>0</u>	Bathroom	<u>0.02</u>	<u>0</u>
Other _____	_____	_____	Other _____	_____	<u>0</u>

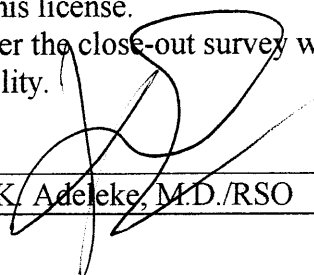
III Results / Comments:

No Tc-99m patient doses were received at this facility within three days prior to the close-out survey.

Sealed sources were transferred to the other location of use on this license.

I authorized no orders of radioactive material for this facility after the close-out survey was performed.

No unexpected radiation or contamination was found at this facility.


K. Adeleke, M.D./RSO

9/10/07
Date

This is to acknowledge the receipt of your letter/application dated 6/5/2007 (RECEIVED 7/12/2007) and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 07-30681-01 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** 140804.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.