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Promoting and protecting the health of the public and the environment.

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June 23, 2005

Dan Berkley
RSO
Uniontown Hospital
500 West Berkeley Street
Uniontown, PA 15401

37-05371-02
03003048

Q-3
M.S.-16

Dear Mr. Berkley:

Enclosed is your S.C. Radioactive Waste Transport Permit No. 5139-37-05-Y which is effective until December 31, 2005.

All prior notification forms filed with the Department and shipping documents accompanying radioactive waste shipments into or within South Carolina should have your permit number indicated on them.

Due to coverage as an additional insured under Adco Services policy, the transportation of waste into or within South Carolina will be restricted to this collector.

It is also advisable to assure waste shipped to the Barnwell facility complies with their license conditions and acceptance criteria.

Should you have any questions concerning your permit or the transportation of radioactive waste in the State of South Carolina, please do not hesitate to contact our office at (803) 896-4240.

Very truly yours,

Kim Clyburn, Program Coordinator
Division of Waste Management
Bureau of Land & Waste Management

Enclosure

cc: Becky Cepicka, Adco Services

140734
NMSS/RGNI MATERIALS-002



South Carolina Radioactive Waste Transport Permit

Pursuant to Act No. 429 of 1980, the South Carolina Radioactive Waste Transportation and Disposal Act, a Radioactive Waste Transport Permit is hereby issued to the below-named applicant (shipper). This Permit shall not, in itself, be construed as authorizing a shipper to dispose of radioactive waste within the state of South Carolina. This Permit shall not be transferred, assigned or in any manner disposed of, either voluntarily or involuntarily, directly, or indirectly, through transfer of control to any person, unless the Department shall, after securing full information, find the transfer is in accordance with the provisions of Act No. 429 and shall give written consent.

1. Name and Address of Applicant:

Uniontown Hospital
 500 West Berkeley Street
 Uniontown, PA 15401

2. Permit Number:

5139-37-05

Type:

Non Restricted
 Restricted

X
 Y
 Z

3. Expiration Date:

December 31, 2005

Restricted

Transportation of Waste into or within the State of South Carolina is restricted to the collector/processor services of Adco Services

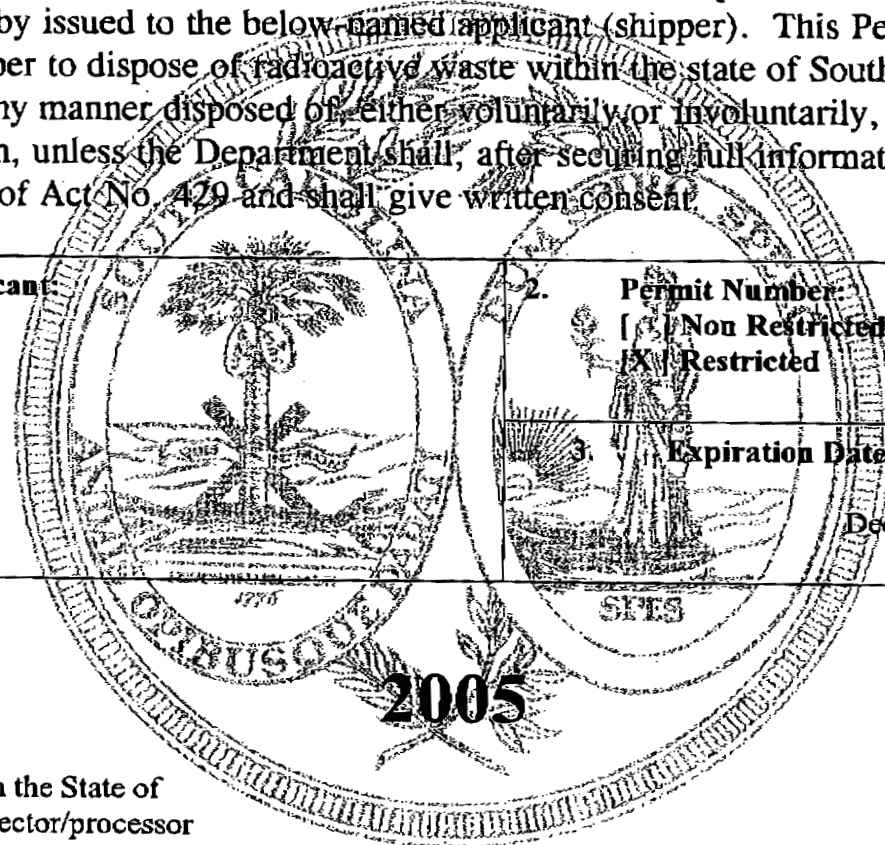
For the South Carolina Department of Health and Environmental Control

By

Henry J. Porter, Assistant Director
 Division of Waste Management

June 23, 2005

Date of Issuance



2005

No. 0924 P. 3

Jul. 31. 2007 2:30PM



Application for Radioactive Waste Transport Permit
Division of Radioactive Waste Management

1. Name and Address of Applicant:

Uniontown Hospital
Att. Janice Curry
500 West Berkeley Street
Uniontown, PA 15401

Additional location:

2. Person Responsible for Radioactive Waste Shipments:

- a) Name: Dan Berkley
b) Title: RSO
c) Address: 59 Shearer St. Greenburg
d) Telephone: PA. 15601 (724-832-4276)
e) E-mail address: dberkley@westmoreland.org

3. Total Estimated Annual Cubic Footage to be transported for disposal, storage, or processing.

4. Type of Permit and Amount of Fee Remittal: (check appropriately)

- New (First Time Permit)
Renewal (Indicate Previous Permit No.):
For Calendar Year 2005

A. Class Types (check one only)

- CLASS X - \$1500.00: More than an annual total of 75 cubic ft., or more than 100 curies of radioactive waste for disposal, storage, or waste processing within the State.
CLASS Y - \$200.00: An annual total of no more than 75 cubic ft. of radioactive waste for disposal, storage, or waste processing within the State.
CLASS Z - \$100.00: Any shipment of radioactive waste which is not consigned for disposal, storage, or waste processing within the State, but is transported into or within the State.

B. Transport Purpose: (check more than one if necessary)

- Disposal Storage Processing Radiopharmaceutical Waste Return

Other (Identify):

Amount Remitted: (\$ 200.00)

5. Name & address permit should be mailed to if different than Item 2:

Uniontown Hospital
Att. Jan Curry, 500 West Berkeley Street
Uniontown, Pa. 15401

6. Complete Waste Description:

Sealed Sources

7. List 95% of Total Prominent Radionuclides:

Cs-137

8. Total Estimated Annual Radioactivity (Curies):

275

9. Name and Address of Authorized Waste Collector(s) if used:

ADCO Services, Inc.
17650 Duvan Drive
Tinley Park, IL 60477

10. Name and Address of Transport Carrier if other than Collector:

ADCOM Express, Inc
17650 Duvan Drive
Tinley Park, IL 60477

Transport Permit Application Continued

Information to be Submitted as Attachment

11. A Certificate of Liability Insurance issued to the generator shall be submitted as evidence of financial ability to protect the State of South Carolina and the public at large from possible radiological injury or damage due to packaging, transportation, disposal, storage or delivery of radioactive waste. For those applicants not maintaining liability insurance, they must deposit and maintain with the Department a cash or corporate surety bond in the amount of Five Hundred Thousand Dollars (\$500,000.00). Failure to submit a current certificate or bond will result in processing delays.

Type Financial Evidence Provided

- Certificate of Liability Insurance
- Insurance Provided by Waste Collector Agreement (Attach Letter of Agreement)
- Bond (Corporate Surety, Cash)
- Letter of Credit
- Federal Indemnification Certificate
- Other (Specify)

Certification

12. In compliance with Act 429 of 1980, the South Carolina Radioactive Waste Transportation and Disposal Act, and Department Regulation 61-83, I hereby certify on behalf of the named applicant to the South Carolina Department of Health and Environmental Control that: (A) the named applicant will comply fully with all applicable laws and administrative rules and regulations, both State and Federal, and any disposal facility radioactive material license requirements and criteria regarding the packaging, transportation, storage, disposal and delivery of such wastes; (B) the named applicant will hold the State of South Carolina harmless for all claims, actions, proceedings in law or equity arising out of radiological injury or damages to persons or property occurring during the transportation of its radioactive waste into or within the State including all costs defending same; **provided**, however, that nothing contained herein shall be construed as a waiver of the State's sovereign immunity; (C) the named applicant has current copies of the DHEC Reg. 61-83 for the Transportation of Radioactive Waste into or within the State of South Carolina, DOT Regulations 49 CFR Parts 171-179 and, when applicable, the disposal site radioactive material license and the disposal site waste acceptance criteria; (D) the named applicant has prepared this application to conform with South Carolina Department of Health and Environmental Control's Regulations for Transportation of Radioactive Waste into or within South Carolina, and that all information contained herein, including any required supplements attached hereto, is true and correct to the best of my knowledge and belief.

Date: June 10, 2005

Signature: Janice M. Curry

Janice Curry, Director, Risk Management

Typed Name and Title

ADCO SERVICES, INC.

P.O. BOX 1129
TINLEY PARK, IL 60477

RECEIVED
JUL 21 2005

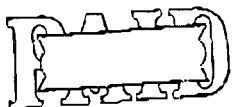
Invoice

DATE	INVOICE #
7/18/2005	2005-2682

BILL TO
UNIONTOWN HOSPITAL ATTN: JAN CURRIE 500 W. BERKELEY STREET UNIONTOWN, PA 15401

PICK-UP LOCATION / CONTACT
UNIONTOWN HOSPITAL ATTN: JAN CURRIE 500 W. BERKELEY STREET UNIONTOWN, PA 15401

P.O. NUMBER	TERMS	DUE DATE	FEIN #	ACCOUNT #	
	Net 30	8/18/2005	36-2652895	61070	
SERVICED	DESCRIPTION	TRACKING #	QUANTITY	RATE	AMOUNT
7/11/2005	DISPOSAL SEALED SOURCE/10-GAL. SECURITY AND INSURANCE SURCHARGE SOUTH CAROLINA WASTE TRANSPORT PERMIT	05-0253 S	1	2,131.25	2,131.25
			1	5.00%	106.56
				200.00	200.00
THANK YOU FOR YOUR PAYMENT			Subtotal	\$2,437.81	
			Sales Tax (0.0%)	\$0.00	
			TOTAL DUE	\$2,437.81	



TERMS: This account is subject to finance charges of 1 1/2% per month (18% annum) of the unpaid balance, when the invoice becomes 30 days past due with a minimum finance charge of \$5.00. Account will be placed for collection when the invoice becomes 60 days past due and will be subject to an additional \$25.00 collections fee. If any collection action is necessary we agree to pay Adco Services, Inc. all of the costs in this collection, including, but not by way of limitation, attorney's fees, filing and service fees and court costs, whether or not the action proceeds to judgement and collection charges.

WWW.ADCOSERVICES.COM

05-0253 5

FORM 540 UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST SHIPPING PAPER		ADCO SERVICES, INC. 6. SHIPPER - NAME AND FACILITY UNIONTOWN HOSPITAL 893 W. BERKELEY UNIONTOWN, PA 15401		SHIPMENT ID NUMBER 81070 <input checked="" type="checkbox"/> COLLECTOR PROCESSOR GENERATOR TYPE (Specify)		7. FORM 540 AND 540A FORM 541 AND 541A FORM 542 AND 542A ADDITIONAL INFORMATION PAGE 1 OF 1 PAGES None More PAGES		8. MANIFEST NUMBER (Use 540 number or 541 manifestation page) 05-0233 5									
1. EMERGENCY TELEPHONE NUMBER 724-433-5911 (Include Area Code) ORGANIZATION UNIONTOWN HOSPITAL		9C PERMIT NA SHIPMENT NUMBER 81070 5 CONTACT JAN CURSORE		TELEPHONE NUMBER (Include Area Code) 724-433-8601		9. CONSIGNEE - Name and Facility Address ADCO SERVICES, INC. 17690 DUVAN DRIVE TINLEY PARK, IL 60477		CONTACT LEN WARDIANY TELEPHONE NUMBER (Include Area Code) 708-429-1660									
2. IS THIS AN EXCLUSIVE USE SHIPMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		3. TOTAL NUMBER OF PACKAGES IDENTIFIED ON THIS MANIFEST 1		9. CARRIER - Name and Address ADCO SERVICES, INC. 17690 DUVAN DRIVE TINLEY PARK, IL 60477		EPA ID NUMBER ILD 847397 P94 SHIPPING DATE 7/11/05		SIGNATURE - Authorized consignee representative (Print name) DATE 7/11/05									
4. DOES EPA REGULATED WASTE REQUIRE A MANIFEST TO ACCOMPANY THIS SHIPMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If Yes, provide Manifest Number		EPA MANIFEST NUMBER NA		CONTACT BILL HORN SIGNATURE - Authorized carrier representative (Print name)		TELEPHONE NUMBER (Include Area Code) 724-433-3013 DATE 7/11/05		10. CERTIFICATION This is to certify that the radioactive materials are properly classified, shipped, packaged, received and held and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. The shipper certifies that the materials are properly packaged, marked, and labeled and are in proper condition for transportation and shipment as described in accordance with the regulations of 49 CFR Parts 173 and 174, or equivalent state regulations. SIGNATURE TITLE DATE									
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 (mCi)		17. P LDR/ISO CLASS		18. TOTAL WEIGHT OR VOLUME (No separate units)		19. ESTIMATION NUMBER OF PACKAGE	
Radioactive Material, Type A Package, 7, UN 2815 ERG6163		YELLOW-T		5		Solid SEALED SOURCES		Cs-137		0.5170E+02 2.7690E+02		NA		26 LBS; 1.4 FT3		05-0233-01	
FOR CONSIGNEE USE ONLY				20. Other applicable notes: <input checked="" type="checkbox"/> Customer recognized and warrants that all data on this Uniform Low-Level Radioactive Manifest is true and correct in all respects. <input type="checkbox"/> Packages listed as "Limited Quantity of Radioactive Material" on this manifest conform to the weight and dimensions specified in 49 CFR 173.434 for radioactive material, excepted package-limited quantity of material UN2810. <input type="checkbox"/> Packages listed as "Non-regulated Material" on this manifest are classified in accordance with 49 CFR 173.403 (Exemption of Radioactive Material). These materials must still be transported in a proper facility. PLACARD/STICKERED _____ YES <input checked="" type="checkbox"/> NO													

FORM 540 (11-88)

ADCO SERVICES, INC.

UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST

CONTAINER AND WASTE DESCRIPTION

Additional Nuclear Regulatory Commission (NRC) Requirements for Control, Transfer and Disposal of Radioactive Waste

NUMBER OF PACKAGES/DISPENSAL CONTAINERS	NET WASTE VOLUME	NET WASTE WEIGHT	1. MANIFEST TOTALS				TOTAL	2. MANIFEST NUMBER 05-0243 S	
			U-235	U-238	Pu	OTHER			
1	0.0398 gal	11.3286 lb	NP	NP	NP	NP		3. PAGE 1 OF 1 PAGE(S)	
1	1.4000 gal	25.0000 lb	NP	NP	NP	NP		4. SHIPPER NAME UNIONTOWN HOSPITAL	
			ACTIVITY				SOURCE	SHIPMENT ID NUMBER 01070	
			ALL NUCLEIDS	TRITON	G14	Tc99			M23
			MD4	1.0172E+04	NP	NP	NP	(kg)	NA
			MD2	2.7000E+02	NP	NP	NP	(lb)	NA

DISPENSAL CONTAINER DESCRIPTION

5. CONTAINER IDENTIFICATION NUMBER / SC POST	6. CONTAINER DESCRIPTION (See Note 1 & Note 1A)	7. VOLUME (gal)	8. WASTE AND CONTAINER WEIGHT (lb)	9. SURFACE RADIATION LEVEL (mR/hr)	10. SURFACE CONTAMINATION (dpm/100 sq. cm)		11. WASTE DESCRIPTION (See Note 2 & Note 2A)	12. APPROXIMATE (a) WASTE VOLUME (b) IN CONTAINER (RTS)		13. SOLIDIFICATION OR STABILIZATION MEDIA (See Note 3 & Note 3A)	14. CHEMICAL FORM OR CHELATING AGENT	15. WEIGHT % CHELATE ACCEPT (See 15)	16. RADIOLOGICAL DESCRIPTION		17. WASTE CLASSIFICATION (See Class A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z)	
					ALPHA	BETA-GAMMA		RA-226	RA-232				INDIVIDUAL RADIONUCLIDES AND ACTIVITY (mCi) AND CONTAINER TOTAL OR CONTAINER TOTAL ACTIVITY AND RADIOISOTOPE PERCENT	RA-226		RA-232
95-0231-0106 200 W. Secondary Uniontown, PA 15907		0.0398	11.3286	10.0	NP	NP	34-H	0.0398	0.0398		SEALD SOURCE/HP	0.00	CS-137	1.0172E+04	2.7000E+02	AU
		1.4000	25.0000	10.0	NP	NP		1.4000					Subtotal	1.0172E+04	2.7000E+02	
		0.0398	11.3286										Total	1.0172E+04	2.7000E+02	
		1.4000	25.0000											1.0172E+04	2.7000E+02	

NOTE 1: Container Description Codes. For container description, use the following codes in approved sequence, even when the numerical code shall be followed by "00".

1. Wooden Box or Crate	8. Drum/Cylinder
2. Metal Box	9. Gas Cylinder
3. Plastic Drum or Pail	10. Bulk, Unshielded Waste
4. Metal Drum or Pail	11. Unshielded Container
5. Metal Tank or Vessel	12. High Intensity Container
6. Concrete Tank or Vessel	13. High Intensity Container
7. Polyethylene Tank or Vessel	14. Other, Describe in Item 8, or additional page.
8. Polyethylene Tank or Vessel	

NOTE 1A: Material Specific Container Description Codes. (Choose one code or more by suffix letter.)

A. High Intensity Container - Poly	10. Gas Cylinder
B. High Intensity Container - Poly with Steel Shell	11. Unshielded Container
C. High Intensity Drum Overpack - Poly	12. High Intensity Container
D. High Intensity Container - Stainless Steel	13. High Intensity Container
E. High Intensity Container - Fiberglass	14. Other, Describe in Item 8, or additional page.
F. Liner - Steel	

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

20. Drywood	26. Densification Residue	34. Dewatered Sludge/Sediment
21. Inherently Ash	27. Carbon Ion-exchange Media	35. Compressible Trash
22. Soil	28. Carbon Ion-exchange Media	36. Miscellaneous Trash
23. Slag	29. Miscellaneous Media	37. Miscellaneous Trash
24. Oil	30. Condensated Equipment	38. Biological Material (except animal carcass)
25. Aqueous Liquid	31. Organic Liquid (except oil)	39. Animal Carcass
26. Filter Media	32. Glass/Inert or Lenses	40. Biological Material (except animal carcass)
27. Medical/Toxic Filter	33. Shielded Source/Device	41. Animal Carcass
28. EPA or State	34. Part of Planting	42. Other, Describe in Item 1, or additional page.
29. Miscellaneous		

Note 3A: Material Specific Waste Descriptors by Codes. (Choose all applicable options.)

G. Densified
H. Solid
I. Compressible
J. Noncompressible
K. All Fissionable
L. Ashes

Note 3B: Solidification and Stabilization Media Codes. (Choose up to three which predominate by volume. For media containing radionuclides, use the following codes: 1. Cement, 2. Mortar, 3. Plaster, 4. Gypsum, 5. Brick, 6. Concrete, 7. Asphalt, 8. Bitumen, 9. Other, Describe in Item 8, or additional page.)

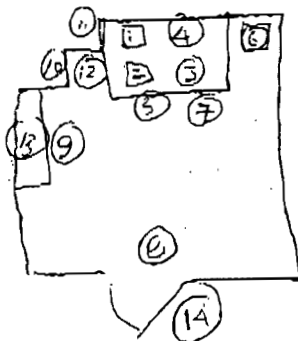
1. Cement	10. Other, Describe in Item 8, or additional page.
2. Mortar	
3. Plaster	
4. Gypsum	
5. Brick	
6. Concrete	
7. Asphalt	
8. Bitumen	
9. Other, Describe in Item 8, or additional page.	

Note 3C: Surface Radiation Codes. (Choose one code if applicable.)

M. Waste Border

Decommissioning the Brachytherapy Hot Lab
 "B" Level Uniontown Hospital 8/16/05
 Source Return 7/11/05 Meter Model 3 Cal 3/1/05

Location	Wipe Test (dpm)	Survey (mr/hr)
1 Safe	-20	0.03
2 L- Block	-33	0.03
3 Front Counter Top	-26	0.03
4 Back Counter Top	-20	0.03
5 Loading Table	-20	0.03
6 Transport Pig	-52	0.03
7 Floor	-20	0.03
8 Floor Inner door	-13	0.03
9 Floor Storage	-26	0.03
10 Side Wall	-17	0.03
11 Loading Wall	-20	0.03
12 Pad Lock Safe	-71	0.03
13 Storage shelves	-71	0.03
14 Floor Outside Door	-71	0.03
15 Background	-20	0.03



Handwritten signature: Daniel G. [unclear]
 8/16/05

Handwritten initials: MR

UNIONTOWN HOSPITAL
500 WEST BERKELEY STREET
UNIONTOWN, PA 15401
724-430-5196

Wipe Results Report

Monday, July 11, 2005 9:36 AM

Area: CS 137 TUBE LEAK TESTS

Sealed Source Area, RSO Trigger at 100% of Federal Guidelines, Probe

Location: AREA 1 10

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	MJS CS-137	0.005 uCi	3.191e-05 uCi	0.0003576 uCi	60 sec.	-2.417e-05 uCi

Location: AREA 2 10

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	MJS CS-137	0.005 uCi	3.191e-05 uCi	0.0003576 uCi	60 sec.	-9.666e-06 uCi

Location: AREA 3 10

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	MJS CS-137	0.005 uCi	3.191e-05 uCi	0.0003576 uCi	60 sec.	-6.283e-05 uCi

Location: AREA 4 10

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	MJS CS-137	0.005 uCi	3.191e-05 uCi	0.0003576 uCi	60 sec.	-5.316e-05 uCi

Location: AREA 5 10

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	MJS CS-137	0.005 uCi	3.191e-05 uCi	0.0003576 uCi	60 sec.	-1.933e-05 uCi

Location: AREA 6 15

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	MJS CS-137	0.005 uCi	3.191e-05 uCi	0.0003576 uCi	60 sec.	2.417e-05 uCi

Location: AREA 7 15

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	MJS CS-137	0.005 uCi	3.191e-05 uCi	0.0003576 uCi	60 sec.	-2.9e-05 uCi

Location: AREA 8 20

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	MJS CS-137	0.005 uCi	3.191e-05 uCi	0.0003576 uCi	60 sec.	-4.833e-05 uCi

Location: AREA 9 20

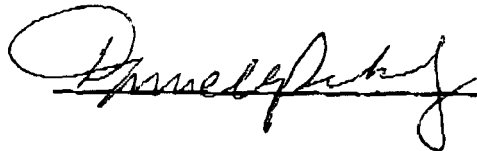
>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	MJS CS-137	0.005 uCi	3.191e-05 uCi	0.0003576 uCi	60 sec.	-9.666e-05 uCi

Location: AREA 10 Background

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	MJS CS-137	0.005 uCi	3.191e-05 uCi	0.0003576 uCi	60 sec.	-4.35e-05 uCi

Technologist: _____

Comments: Prior to Return Supplement

Signature: 

Date: 7/11/05

A950 1.0.8

UNIONTOWN HOSPITAL
500 WEST BERKELEY STREET
UNIONTOWN, PA 15401
724-430-5196

Wipe Results Report

Tuesday, August 16, 2005 9:02 AM

Area: DECOMMISSIONING BRACHY HOT LAB

Unrestricted Area, RSO Trigger at 100% of Federal Guidelines, Probe

Location: SAFE

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	CS-137	200 dpm	14 dpm	129 dpm	30 sec.	-20 dpm

Location: L BLOCK

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	CS-137	200 dpm	14 dpm	129 dpm	30 sec.	-33 dpm

Location: FRONT COUNTERTOP

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	CS-137	200 dpm	14 dpm	129 dpm	30 sec.	-26 dpm

Location: BACK COUNTERTOP

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	CS-137	200 dpm	14 dpm	129 dpm	30 sec.	-20 dpm

Location: LOADING TABLE

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	CS-137	200 dpm	14 dpm	129 dpm	30 sec.	-20 dpm

Location: MOBILE PIG

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	CS-137	200 dpm	14 dpm	129 dpm	30 sec.	-52 dpm

Location: FLOOR

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	CS-137	200 dpm	14 dpm	129 dpm	30 sec.	-20 dpm

Location: FLOOR

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	CS-137	200 dpm	14 dpm	129 dpm	30 sec.	-13 dpm

Location: FLOOR

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	CS-137	200 dpm	14 dpm	129 dpm	30 sec.	-26 dpm

Location: WALL

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	CS-137	200 dpm	14 dpm	129 dpm	30 sec.	-17 dpm

Technologist: _____

Comments:

Signature: *Daniel A. Buhly*

Date: 8/16/05

MSJ

A950 1.0.8

JUL 31 2007 2:31PM

