

NRC FORM 314 <small>(4-2008)</small> <small>10 CFR 30.38(g)(1); 40.42(g)(1); 70.38(g)(1); and 72.54(k)(6)(1)(i)</small>	U.S. NUCLEAR REGULATORY COMMISSION <div style="font-size: 2em; margin: 10px 0;">J-6</div>	APPROVED BY OMB: NO. 3180-0028 EXPIRES: 09/31/2010 <small>Estimated burden per response to comply with this mandatory collection request: 30 minutes. This submitter 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 infocollect@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.</small>												
CERTIFICATE OF DISPOSITION OF MATERIALS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">LICENSEE NAME AND ADDRESS</td> <td style="width:20%;">LICENSE NUMBER</td> <td style="width:20%;">DOCKET NUMBER</td> </tr> <tr> <td>HECTOR K. COLLISON, M.D. METRO CARDIOVASCULAR ASSOCIATES, P.C. 8401 COLESVILLE ROAD SILVER SPRING, MARYLAND 20910</td> <td>19-30752-01</td> <td>RL3 63036075</td> </tr> <tr> <td colspan="3">LICENSE EXPIRATION DATE</td> </tr> <tr> <td colspan="3">20120930</td> </tr> </table>		LICENSEE NAME AND ADDRESS	LICENSE NUMBER	DOCKET NUMBER	HECTOR K. COLLISON, M.D. METRO CARDIOVASCULAR ASSOCIATES, P.C. 8401 COLESVILLE ROAD SILVER SPRING, MARYLAND 20910	19-30752-01	RL3 63036075	LICENSE EXPIRATION DATE			20120930		
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20120930														
<p><input type="checkbox"/> This license has expired. <input checked="" type="checkbox"/> A. LICENSE STATUS (Check the appropriate box) This license has not yet expired; please terminate it.</p>														
B. DISPOSAL OF RADIOACTIVE MATERIAL <small>(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)</small>														
<p>The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:</p> <p><input type="checkbox"/> 1. No radioactive materials have ever been procured or possessed by the licensee under this license.</p> <p><input checked="" 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.</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> a. Transfer of radioactive materials to the licensee listed below: ABC CARDIOLOGY ASSOCIATES, 106 IRVING STREET, NW, SUITE 1500 N. WASHINGTON, D.C. 20010</p> <p style="margin-left: 20px;"><input type="checkbox"/> b. Disposal of radioactive materials:</p> <p style="margin-left: 40px;"><input type="checkbox"/> 1. Directly by the licensee:</p> <p style="margin-left: 40px;"><input type="checkbox"/> 2. By licensed disposal site:</p> <p style="margin-left: 40px;"><input type="checkbox"/> 3. By waste contractor:</p> <p style="margin-left: 20px;"><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.</p>														
C. SURVEYS PERFORMED AND REPORTED														
<p><input type="checkbox"/> 1. A radiation survey was conducted by the licensee. The survey confirms:</p> <p style="margin-left: 20px;"><input type="checkbox"/> a. the absence of licensed radioactive materials</p> <p style="margin-left: 20px;"><input type="checkbox"/> b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.</p> <p><input type="checkbox"/> 2. A copy of the radiation survey results:</p> <p style="margin-left: 20px;"><input 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</p> <p><input type="checkbox"/> 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and</p> <p style="margin-left: 20px;"><input type="checkbox"/> a. The results of the latest leak test are attached; and/or <input type="checkbox"/> b. No leaking sources have ever been identified.</p>														
<p>The person to be contacted regarding the information provided on this form:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">NAME</td> <td style="width:30%;">TITLE</td> <td style="width:20%;">TELEPHONE (Include Area Code)</td> <td style="width:20%;">E-MAIL ADDRESS</td> </tr> <tr> <td>TIMOTHY GUY SMITH</td> <td>Personal Representative</td> <td>(301) 854-5433</td> <td>TimTheATR@nrc.gov</td> </tr> </table> <p><small>Mail all future correspondence regarding this license to:</small> @ AOL. com</p>			NAME	TITLE	TELEPHONE (Include Area Code)	E-MAIL ADDRESS	TIMOTHY GUY SMITH	Personal Representative	(301) 854-5433	TimTheATR@nrc.gov				
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TIMOTHY GUY SMITH	Personal Representative	(301) 854-5433	TimTheATR@nrc.gov											
C. CERTIFYING OFFICIAL I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT														
PRINTED NAME AND TITLE	SIGNATURE	DATE												
TIMOTHY GUY SMITH, ESQUIRE		8/29/08												
<p><small>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.</small></p>														

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

8/29/08, and to inform you that the initial processing which includes an administrative review has been performed.

Termination (19-30752-01)
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** 142757.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.