

To: NRC, attn. Penny

March 9, 2009

Lanziseka
P-6

FAX 610-337-5269

29-12664-01
03002556

Mail control 143, 228

Phone 610-337-5169

6 pages

from EUGENE LIEF, PH.D.

CHRIST HOSPITAL, NJ.

Dear Ms. Lanziseka,
Attached, please find radiation
disposal records.

Thank you,

Eugene Lief

elief@christhospital.org.

201-795-5746

143228

Sullivan

FORM 540		RADIAC RESEARCH CORP.		5. SHIPPER - NAME AND FACILITY				SHIPPER I.D. NUMBER		7. FORM 540 AND 540A		8. MANIFEST NUMBER					
UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST SHIPPING PAPER				CHRIST HOSPITAL 176 PALISADE AVE. JERSEY CITY, NJ 07306				NA <input type="checkbox"/> COLLECTOR <input type="checkbox"/> PROCESSOR		PAGE 1 OF 1 PAGE(S) FORM 541 AND 541A 1 PAGE(S) FORM 542 AND 542A None PAGE(S) ADDITIONAL INFORMATION None PAGE(S)		(Use this number on all continuation pages) 68771-R					
				1. EMERGENCY TELEPHONE NUMBER (800) 424-8300		US EPA ID No. NA		SHIPMENT NUMBER		<input checked="" type="checkbox"/> GENERATOR TYPE (Specify) M		9. CONSIGNEE - Name and Facility		CONTACT			
ORGANIZATION CHEMTREC		CONTACT HARRY GARDNER		6. CARRIER - Name and Address		TELEPHONE NUMBER (Include Area Code)		RADIAC RESEARCH CORP.		JOSEPH SPEKTOR		DATE					
2. IS THIS AN "EXCLUSIVE USE" SHIPMENT?		3. TOTAL NUMBER OF PACKAGES IDENTIFIED ON THIS MANIFEST		RADIAC RESEARCH CORP.		EPA I.D. NUMBER		261 KENT AVENUE		TELEPHONE (800) 640-7511							
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		1		281 KENT AVE. BROOKLYN, NY 11211		NYD049178296		BROOKLYN, NY 11211		SIGNATURE - Authorized consignee acknowledging waste receipt							
4. DOES EPA REGULATED WASTE REQUIRING A MANIFEST ACCOMPANY THIS SHIPMENT?		EPA MANIFEST NUMBER		CONTACT		SHIPPING DATE		10. CERTIFICATION		DATE							
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NA		HECTOR MARTOS		09/08/2008		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 requirements of 10 CFR Parts 20 and 61, or equivalent state regulations.		9/8/08							
If "Yes," provide Manifest Number ----->		SIGNATURE		SIGNATURE		716 963-2233		AUTHORIZED SIGNATURE <i>[Signature]</i>		TITLE <i>[Signature]</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 mCi		17. LSASCO CLASS		18. TOTAL WEIGHT OR VOLUME (Use appropriate units)		19. IDENTIFICATION NUMBER OF PACKAGE	
RQ, Radioactive material, Type A package, 7, UN 2915 1 ENCAPSULATED SOURCES		Yellow III		1.0		SOLID OXIDE		Ba-133 Co-67 Co-60 Cs-137 Eu-152 I-125 Ra-226 Sr-90		2.8692E+04 (7.7546E+02)		NA		200 LBS. 1.36 FT3		68771-01	
				<i>[Signature]</i>												TYPE A PACKAGE	
FOR CONSIGNEE USE ONLY				20 Certification is hereby made to Radiac Research Corp., that this shipment of low-level radioactive waste is accurately described in the above manifest. The waste described above has been prepared in accordance with current "RADIAC Acceptance Criteria", federal and state regulations, including those of the NRC, DOT, EPA and applicable agreement state agencies. Unless specifically included or excluded in writing, the shipper authorizes RADIAC to select the "best authorized treatment and disposal method".													
TENNESSEE LICENSE FOR DELIVERY NO _____																	
SOUTH CAROLINA TRANSPORT PERMIT NO _____																	
US ECOLOGY GENERATOR NO _____																	
US ECOLOGY PERMIT NO _____																	

No 9990 0 3

FORM 541 RAOICAC RESEARCH CORP. 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 DISPOSAL CONTAINERS 1	VOLUME m ³ 0.0386 kg 90.7165 m ³ 1.3600 lb 200.0000	WEIGHT NP NP NP NP NP	1. MANIFEST TOTALS SPECIAL NUCLEAR MATERIAL (grams) U-233 U-235 Pu Total NP NP NP NP NP				2. MANIFEST NUMBER 5877.02	3. PAGE 1 OF 1 PAGE(S)	4. SHIPPER NAME CHRIST HOSPITAL	SHIPMENT ID NUMBER NA
					ACTIVITY C-14 Tc-99 I-129 NP NP NP NP NP				SOURCE (kg) NA NA		
					ALL NUCIDES MBq 2.8692E+04 mCi 7.7548E+02						

5 IDENTIFICATION NUMBER/GENERATOR ID NUMBER	6 CONTAINER DESCRIPTION (See Note 1) PROCESS REQUESTED (See Note 1A) BURIAL/DISPOSITION (See Note 2A)	7 CONTAINER DESCRIPTION		9 SURFACE RADIATION LEVEL (mrem/hr)	10 SURFACE CONTAMINATION (MBq/100 cm ²) (dpm/100 cm ²)		11 PHYSICAL DESCRIPTION				13 WASTE DESCRIPTION FOR EACH WASTE TYPE		15 RADIOLOGICAL DESCRIPTION			16 WASTE CLASSIFICATION	
		VOLUME (m ³) (kg)	WASTE AND CONTAINER WEIGHT (kg) (lb)		UP	BETA-GAMMA	WASTE DESCRIPTOR (See Note 2)	APPROXIMATE WASTE VOLUME(S) IN CONTAINER (m ³) (FT ³)	SOLIDIFICATION OR STABILIZATION MEDIA (See Note 3)	CHEMICAL FORM/ CHELATING AGENT	WEIGHT % CHELATING AGENT IF > 0.1%	INDIVIDUAL RADIONUCLIDES AND ACTIVITY (MBq) AND CONTAINER TOTAL OR CONTAINER TOTAL ACTIVITY AND RADIONUCLIDE PERCENT					
68771-01/NJ-CH	TYPE A PACKAGE	0.0386	90.7166	1.0000E+00	<3.3400E-06	<3.3400E-05	36			0.0386	91-S M E QUIKRETE CO / QUIKRETE	OXIDE/NP	NP	RADIONUCLIDES Ba-133 5.3761E+00 1.4530E-01 Co-57 2.3785E+00 6.4310E-02 Co-60 3.6110E-03 1.0300E-04 W-137 1.3047E+01 3.5261E-01 Cs-137 6.6366E+04 7.1990E+02 Eu-152 1.8500E-02 5.0000E-04 I-125 3.7000E-03 1.0000E-04 I-131 3.7000E-03 1.0000E-04 Ra-226 1.8500E-02 5.0000E-04 Sr-90 2.0350E+03 5.5000E+01 Subtotal 2.8692E+04 7.7548E+02 Total 2.8692E+04 7.7548E+02			NA
		1.3600	200.0000	3.0	<2.0000E+02	<2.0000E+03											
Shipment Totals		0.0386	90.7165											2.8692E+04	7.7548E+02		

Note 1: Container Description Codes. For containers/waste requiring disposal in approved structural war-packets the numerical cod. must be followed by ---

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.
7. Polyethylene Tank or Liner	or additional page
8. Fiberglass Tank or Liner	

Note 1A: Process Requested

C	Compaction
SR	Steam Reforming
DI	Direct Incineration
SI	Sort & Incinerate
D	Decon
G	Green Is Clean
M	Metal Melt
T	Trans-Ship
LI	Liquid for Incineration
OI	Oil for Incineration
O	Other (describe)

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	59. Other. Describe in item 11, or additional page
27. Mechanical Filter	36. Sealed Source/Device	
28. EPA or State Hazardous	37. Paint or Plating	

NOTE 2A: Burial/Disposition Site

B	Barrow Waste Management
E	Envirocare
R	Richland, WA
PR	Process and Return
O	Other

Note 3: Solidification and Stabilization Media Codes. (Choose up to three which predominate by volume. For media meeting disposal site structural stability requirements, the numerical code must be followed by "-S." and the media vendor and brand name must also be identified in item 13. Code 100=NONE REQUIRED)

Solidification

90. Cement	94. Vinyl Ester Styrene
91. Concrete (encapsulation)	99. Other. Describe in item 13, or additional page
92. Bitumen	100. None Required.
93. Vinyl Chloride	

FORM 541 (10-95)

2009 2:39PM

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**Application for Radioactive Waste Transport Permit
Division of Radioactive Waste Management**

<p>1. Name and Address of Applicant:</p> <p>CHRIST HOSPITAL (RADIATION ONCOLOGY & NUCLEAR MEDICINE)</p> <p>176 PALISADE AVE. JERSEY CITY, NJ 07306</p>	<p>2. Person Responsible for Radioactive Waste Shipments:</p> <p>a) Name: LEONARD JONES</p> <p>b) Title: Radiology Director</p> <p>c) Address:</p> <p>d) Telephone:</p> <p>e) E-mail address:</p>
<p>Additional location:</p>	<p>3. Total Estimated Annual Cubic Footage to be transported for disposal, storage, or processing. < 10</p>
<p>4. Type of Permit and Amount of Fee Remittal: (check appropriately)</p> <p><input checked="" type="checkbox"/> New (First Time Permit)</p> <p><input type="checkbox"/> Renewal (Indicate Previous Permit No.): _____</p> <p><input checked="" type="checkbox"/> For Calendar Year <u>2008</u></p> <p>A. Class Types (check one only)</p> <p><input type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p>B. Transport Purpose: (check more than one if necessary)</p> <p><input type="checkbox"/> Disposal <input type="checkbox"/> storage <input type="checkbox"/> Processing <input type="checkbox"/> Radiopharmaceutical Waste Return</p> <p><input type="checkbox"/> Other (Identify): _____</p> <p>Amount Remitted: (\$ 200.00)</p>	
<p>5. Name & address permit should be mailed to if different than Item 2:</p> <p>RADIAC RESEARCH CORP. 261 KENT AVENUE BROOKLYN, NY 11211</p>	<p>6. Complete Waste Description:</p> <p>ENCAPSULATED SOURCES</p>
<p>7. List 95% of Total Prominent Radionuclides:</p> <p>Cs-137, Sr-90, Ba-133, Co-57, Co-60, Ra-226, Eu-152, I-125</p>	<p>8. Total Estimated Annual Radioactivity (Curies):</p> <p>< 1 Curie</p>
<p>9. Name and Address of Authorized Waste Collector(s) if used:</p> <p>RADIAC RESEARCH CORP. 261 KENT AVENUE BROOKLYN, NY 11211</p>	<p>10. Name and Address of Transport Carrier if other than Collector:</p>

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.

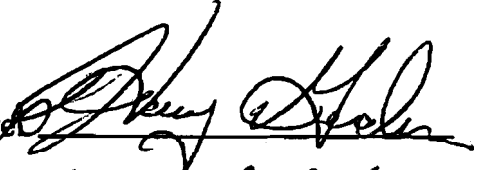
Type Financial Evidence Provided

- 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 9/8/08

Signature 

Harry Gardner Chief Tech N.M.
Typed Name and Title

No. 9990 P. 6

RWSD No. Brooklyn
201-995-2233

RADIAC RESEARCH CORP. *Inst. Cont. No.* 68771
261 KENT AVENUE
BROOKLYN, NEW YORK 11211
718-963-2233
FAX 718-388-5107 *201-995-2233*

DATE _____
BLDG. NO. _____
ROOM NO. _____
DEPT. NO. _____

RADIOACTIVE WASTE DISPOSAL RECORD

COMPANY/INSTITUTION Christ Hospital

CONTAINERS NUMBER	TYPE	P/U	DEL
<u>10</u>	<u>5 Gallon Dry</u>	<u>1</u>	<u>1</u>
	30 Gallon Dry		
	30 Gallon A/P		
	30 Gallon S/P		
	30 Gallon LSV		
	55 Gallon Dry		
	55 Gallon LSV		
	De Reg LSV		
	Cases 1 Gallon		
	5 Gallon Liners		
	55 Gallon Liners		
	Security Seals		
	Labels (Roll)		
	Preservative		
	Absorbent Material		
	Miscellaneous		

I hereby certify that the above listed radioactive wastes are properly described, packaged marked and labeled, in accordance with D.O.T. Regulations and RADIACS General Terms and Conditions.

CUSTOMER REP. [Signature] R.R.C. REP. [Signature]

ISOTOPE	ACTIVITY	ISOTOPE	ACTIVITY

ID # _____ Site # _____ Expiration Date _____ Instrument _____

CUSTOMER COPY

Mar. 9. 2009 2:39PM