Charleston Area Medical Center

NUCLEAR PHARMACY

3200 MacCorkle Ave. SE
Charleston, WV 25304
(304) 388-9295
Pharmacy (304) 388-9701
Fax: (304) 388-89

RECEIVED
REGION 1
2009 NOV 16 AM 10: 22

Br. 1

11/13/2009

U.S. NRC Region I
475 Allendale Road
King of Prussia, PA 19406-1415

Re: Amendment of NRC License # 47-15473-01 03009164

Sirs,

Please amend the above referenced license as follows:

1. Please remove item E. from the above referenced license. The planned diagnostic device with sealed sources was not purchased.

2. Please remove item H. from the above referenced license. The Gd-153 sources in storage were transferred to Alaron Corporation for disposal on 10/30/2007 via Veolia Environmental Services. Copies of the transfer documents are included with this request. No new sources have been obtained.

If there are any questions regarding this amendment please feel free to contact me at the telephone numbers provided below or you may e-mail your questions to me at kim.lowe@camc.org .

Sincerely,

Kim Lowe, Pharm.D., BCNP, Assistant RSO
Charleston Area Medical Center
3200 MacCorkle Avenue, SE
Charleston, WV 25304
(304) 388-9295 office
(304) 549-0147 mobile

George A. Farris, Associate Administrator
Charleston Area Medical Center
3200 MacCorkle Avenue, SE
Charleston, WV 25304
(304) 388-4367

144292
NMSS/RGN1 MATERIALS-002

VEOLIA
ENVIRONMENTAL SERVICES
TECHNICAL SOLUTIONS
NORTH AMERICA

November 15, 2007

Dr. Kim Lowe
Charleston Area Medical Center
3200 MacCorkle Avenue, S.E.
Safety Office
Charleston, WV 25304

Dear Dr. Lowe:

Per the requirements of 10 CFR Part 20 Appendix G enclosed is a copy of the signed NRC Manifest Form 540 indicating receipt of the shipment of low-level radioactive waste shipped to Alaron Corporation on 10/30/07, Manifest #ZZ00077292 and ZZ00077293 via Dart Trucking Company Inc.

Please contact me at 973-448-4215 if there are questions or comments.

Sincerely,

Elizabeth M. Krass
Director, Radioactive Services

Enc.

Veolia ES Technical Solutions, L.L.C.
1 Eden Lane, Flanders, NJ 07836
tel: 973.347.7111 - fax: 973.691.3978
www.VeoliaES.com

VEOLIA
ENVIRONMENTAL SERVICES

SHIPPING DOCUMENT	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Shipping Document Tracking Number
	WVD982699035	1	(877) 818-0087	ZZ 00077292

5. Generator's Name and Mailing Address
CHARLESTON AREA MEDICAL CENTER
3200 MACCORKLE AVENUE, S.E.
SAFETY OFFICE
CHARLESTON, WV 25304
Generator's Phone: 304 388-8890

Generator's Site Address (if different than mailing address)
CHARLESTON AREA MEDICAL CENTER
MEMORIAL DIVISION HOSPITAL
3200 MACCORKLE AVENUE, S.E.
CHARLESTON, WV 25304-1200

6. Transporter 1 Company Name: DART TRUCKING COMPANY, INC. — U.S. EPA ID Number: OHD009865825

7. Transporter 2 Company Name: — U.S. EPA ID Number:

8. Designated Facility Name and Site Address: ALARON CORPORATION
2138 STATE ROUTE 18
WAMPUM, PA 16157
Facility's Phone: 724 535-5777
U.S. EPA ID Number: PAD987400157

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	13. Codes
X	RADIOACTIVE MATERIAL, EXCEPTED PACKAGE-ARTICLES, 7, UN2911	001	DM	00010	P	NONE
X	RADIOACTIVE MATERIAL, TYPE A PACKAGE, 7, UN2915	003	DM	~~00105~~ 00280	P	NONE
	3.					
	4.					

14. Special Handling Instructions and Additional Information 1) ERG:161, SMOKE DETECTORS, AM-241 2) ERG:163, SOURCES, BA-133, CO-57, CO-60, CS-137, GD-153 -|- ER Service Contracted by VESTS

15. **GENERATOR S/OFFEROR S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Generator's/Offeror's Printed/Typed Name: Kim Lowe, Pharm.D. — Signature: [signature] — Month 10 Day 30 Year 07

16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter signature (for exports only): Date leaving U.S.:

17. Transporter Acknowledgment of Receipt of Shipment
Transporter 1 Printed/Typed Name: Richard Perisutti — Signature: [signature] — Month 10 Day 30 Year 07
Transporter 2 Printed/Typed Name: — Signature: — Month Day Year

18. Discrepancy
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Shipping Document Tracking Number:
18b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
18c. Signature of Alternate Facility (or Generator) — Month Day Year

19. Report Management Method Codes (i.e., codes for treatment, disposal, and recycling systems)
2. 3. 4.

20. Designated Facility Owner or Operator: Certification of receipt of shipment except as noted in Item 18a
Printed/Typed Name: Jimmy Leese — Signature: [signature] — Month 10 Day 31 Year 07

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

DESIGNATED FACILITY TO GENERATOR

APPROVED BY OMB: NO. 3150-0164
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 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0164), 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) — U.S. NUCLEAR REGULATORY COMMISSION

UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST

SHIPPING PAPER

1. EMERGENCY TELEPHONE NUMBER (Include Area Code): 1-877-818-0087

ORGANIZATION: Veolia ES Technical Solutions

2. IS THIS AN "EXCLUSIVE USE" SHIPMENT? ☐ YES ☑ NO

3. TOTAL NUMBER OF PACKAGES IDENTIFIED ON THIS MANIFEST ==>: 4

4. DOES EPA REGULATED WASTE REQUIRING A MANIFEST ACCOMPANY THIS SHIPMENT? ☐ YES ☑ NO
If "Yes," provide Manifest Number ==>:

EPA MANIFEST NUMBER:

5. SHIPPER -- NAME AND FACILITY
CHARLESTON AREA MEDICAL CENTER
Memorial Division Hospital
3200 MacCorkle Avenue, S.E.
Charleston, WV 25304-1200

SHIPPER I.D. NUMBER: WVD982699035
☐ COLLECTOR
☐ PROCESSOR
☑ GENERATOR TYPE (Specify) M

USER PERMIT NUMBER: N/A
SHIPMENT NUMBER: N/A

CONTACT: Kim Lowe
TELEPHONE NUMBER (Include Area Code): 304-348-8890

6. CARRIER -- Name and Address
DART TRUCKING COMPANY, INC.
41738 Esterly Drive
Columbiana, OH 44408

EPA I.D. NUMBER: OHD009865825
SHIPPING DATE: 10/30/2007

CONTACT: Dispatch
TELEPHONE NUMBER (Include Area Code): 800-538-2916

SIGNATURE -- Authorized carrier acknowledging waste receipt: [signature]
DATE: 10-30-07

7. NRC FORM 540 AND 540A — PAGE 1 OF 1 PAGE(S)
NRC FORM 541 AND 541A — 2 PAGE(S)
NRC FORM 542 AND 542A — None PAGE(S)
ADDITIONAL INFORMATION — None PAGE(S)

8. MANIFEST NUMBER (Use this number on all continuation pages): ZZ00077292

9. CONSIGNEE - Name and Facility Address
ALARON CORPORATION
2138 State Route 18
Wampum, PA 16157

CONTACT: Bill King
TELEPHONE NUMBER (Include Area Code): 724-535-5777

SIGNATURE -- Authorized consignee acknowledging waste receipt: [signature]
DATE: 10-31-07

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.

AUTHORIZED SIGNATURE: [signature] TITLE: Nuclear Pharmacist DATE: 10/31/07

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, Type A package, 7, UN2915	Yellow II	~~NA~~ 0.5	Solid Organic	Ba-133	Co-57	Co-60	Cs-137	Gd-153	~~4.1888E+01~~ 4.7034E+01	NA	20 LBS; 0.68 FT3	LK 0860524000 #1
Radioactive material, Type A package, 7, UN2915	~~Yellow II~~ White I	NA	Solid Organic	Co-57					2.2159E+01	NA	~~75~~ 150 LBS; 7.5 FT3	LK 0860524000 #3
Radioactive material, excepted package-articles, 7, UN2911	NA	NA	Solid Inorganic	Am-241					5.9200E+00	NA	10 LBS; 0.68 FT3	LK 0860524000 #4
Radioactive material, Type A package, 7, UN2915	Yellow II	~~NA~~ 0.2	Solid Inorganic	Cs-137					1.8112E+03	NA	100 LBS; 4.09 FT3	LK 0860524000 #5

FOR CONSIGNEE USE ONLY

RECEIVED
OCT 31 2007
ALARON CORPORATION

NRC FORM 540 (6-2004)

07-0443

PACKING SLIP

Combined Commons

10/30/2007	10/30/2007		LK 0860524000 001
DATE ACCUMULATED	DATE SHIPPED	GEN DRUM ID	CONTAINER #

UNIT	CONTAINER SIZE	CONT TYPE	FULLNESS	CHEMICAL NAME	INNER CONTAINER ID	WASTE TYPE
				SN-658-194 PLASTIC, 0.5" X 2.875" BASEMENT BOX 4 INTERNAL CONTAINER-II		
1	ROD			CS-137, 0.54 UCI (10/1/07) PICKER, ROD SN-658-200 PLASTIC, 0.5" X 2.875" ORIGINALLY 1 UCI ON 1/1/80 BASEMENT BOX 4 INTERNAL CONTAINER-II		NONE
1	SOURCE			GD-153, 0.0025 UCI (10/1/07) LUNAR, SOURCE SN-G684 BRASS, 1/2" X 6" ORIGINALLY 1 CI ON 11/1/88 BASEMENT BOX 6 INTERNAL CONTAINER-NN		NONE
1	SOURCE			GD-153, 1.84E-04 UCI (10/1/07) AMERSHAM, SOURCE SN-0221LD BRASS, 1/2" X 6" ORIGINALLY 1 CI ON 5/9/86 BASEMENT BOX 6 INTERNAL CONTAINER-NN		NONE
1	SOURCE			GD-153, 0.0643 UCI (10/1/07) AMERSHAM, SOURCE MODEL #-004, SN-2957LN BRASS, 1/2" X 6" ORIGINALLY 1 CI ON 12/11/91 BASEMENT BOX 6 INTERNAL CONTAINER-NN		NONE
1	SOURCE			GD-153, 2.30E-04 UCI (10/1/07) AMERSHAM, SOURCE MODEL #-N1077, SN-SNBD121 BRASS, 1/2" X 6" ORIGINALLY 1.5 CI ON 3/7/86 BASEMENT BOX 6 INTERNAL CONTAINER-NN		NONE
1	BUTTON			Co-57, 5 µCi (5/1/05) SPECTRUM TECH. BUTTON, SN 5-57A PLASTIC, 1" x 0.25" BASEMENT BOX 2		

SIC	SOURCE	FORM	SYSTEM	PCB #	PCB OOS Date
8062	G15	W319	H141		

TOTAL WEIGHT: 20 P

LIZA KRASS

TECHNICAL SUPERVISOR

PACKING SLIP

Combined Commons

10/30/2007	10/30/2007		LK 0860524000 001
DATE ACCUMULATED	DATE SHIPPED	GEN DRUM ID	CONTAINER #

UNIT	CONTAINER SIZE	CONT TYPE	FULLNESS	CHEMICAL NAME	INNER CONTAINER ID	WASTE TYPE
1	SOURCE			GD-153, 4.00E-04 UCI (10/1/07) AMERSHAM, SOURCE SN-SN0399LD BRASS, 1/2" X 6" ORIGINALLY 1 CI ON 2/4/87 BASEMENT BOX 6 INTERNAL CONTAINER-NN		NONE
1			16.64	SUBTOTALS: ~~28 SOURCES~~ 29 SOURCES 37.84 UCI BA-133 ~~44.64~~ UCI CO-57 4.02 UCI CO-60 4.78 UCI CS-137 0.068 UCI GD-153 SUBTOTAL ACTIVITY = 58.32 UCI ALARON/CHASE REFERENCE = ATTACHMENT A		
1	BAG			RADIOACTIVE SEALED SOURCES [100%] AS DESCRIBED BELOW		NONE
1	VIAL			CO-57, 239 UCI (10/1/07) NORTH AMERICAN SCIENTIFIC, VIAL MODEL #-MED3550, SN-50501 PLASTIC, 1.25" X 3.25" ORIGINALLY 5.758 UCI ON 5/1/04 BASEMENT BOX 1 INTERNAL CONTAINER-3		NONE
1	VIAL			CS-137, 207.5 UCI (10/1/07) CIS, VIAL MODEL #-4062/370, SN-EGA 850 PLASTIC, 1.25" X 3.25" ORIGINALLY 11.1 MBQ ON 3/1/91 BASEMENT BOX 1 INTERNAL CONTAINER-DA3		NONE
1	ROD			CS-137, ~~10 UCI (10/1/07)~~ 0.1 uci (10/1/07) ROD, MODEL # R001 PLASTIC, 0.5" X 3" BASEMENT BOX 1 INTERNAL CONTAINER-DA4		NONE
1	BUTTON			CS-137, ~~10 UCI (10/1/07)~~ 1 uci (10/1/07)		NONE

SIC	SOURCE	FORM	SYSTEM	PCB #	PCB OOS Date
8062	G15	W319	H141		

TOTAL WEIGHT: 20 P

LIZA KRASS
TECHNICAL SUPERVISOR

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

11/13/09, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment (47-15473-01)

☒ 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

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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** 144292.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI)
(6-96)

Sincerely,
Licensing Assistance Team Leader