



# Cataract & Vision Center of Hawaii

Worldster Lee, M.D., Candace Furubayashi, M.D.

1712 Liliha Street  
Suite 400  
Honolulu, HI 96817  
457-4113  
457-4159  
FAX: 585-0369

May 5, 2010

U.S. Nuclear Regulatory Commission, Region IV  
612 E. Lamar Blvd, Suite 400  
Arlington, TX 76011-4125

Subject: License Termination  
NRC License No. 53-29305-01  
Docket No. 030-37793

Dear License Reviewer:

We are requesting the termination of our NRC license. Our sources were returned to the manufacturer on April 9, 2010. NRC Form 314 is enclosed.

We have enclosed a copy of the final leak test performed on both sources, indicating no leakage.

Please contact our Radiation Safety Consultant, Ronald Frick, at 808-373-7009 if you require additional information.

Sincerely,

*Worldster Lee, M.D.*

Worldster Lee, M.D.  
Medical Director

Enclosures

RECEIVED  
MAY 07 2010 - postmarked  
DNMS

### CERTIFICATE OF DISPOSITION OF MATERIALS

Estimated burden per response to comply with this mandatory collection request: 30 minutes. This submittal 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 infocollects@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.

LICENSEE NAME AND ADDRESS  
**Cataract and Vision Center of Hawaii**  
**1712 Liliha Street**  
**Honolulu, HI 96817**

LICENSE NUMBER <b>53-29305-01</b>	DOCKET NUMBER <b>030-37793</b>
LICENSE EXPIRATION DATE <b>09/30/2018</b>	

This license has expired.     **A. LICENSE STATUS (Check the appropriate box)**  
This license has not yet expired; please terminate it.

**B. DISPOSAL OF RADIOACTIVE MATERIAL**  
(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)

The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:

1. No radioactive materials have ever been procured or possessed by the licensee under this license.

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:

a. Transfer of radioactive materials to the licensee listed below:  
**Neovista, Inc. California Department of Health License #7685-01**

b. Disposal of radioactive materials:

1. Directly by the licensee:

2. By licensed disposal site:

3. By waste contractor:

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.

**C. SURVEYS PERFORMED AND REPORTED**

1. A radiation survey was conducted by the licensee. The survey confirms:

a. the absence of licensed radioactive materials

b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.

2. A copy of the radiation survey results:

a. is attached; or  b. is not attached (Provide explanation); or  c. was forwarded to NRC on: \_\_\_\_\_ Date

3. A radiation survey is not required as only sealed sources were ever possessed under this license, and

a. The results of the latest leak test are attached; and/or     b. No leaking sources have ever been identified.

The person to be contacted regarding the information provided on this form:

NAME <b>Ronald Frick</b>	TITLE <b>Radiation Safety Officer</b>	TELEPHONE (Include Area Code) <b>(808) 373-7009</b>	E-MAIL ADDRESS <b>rfrick@gammacorp.com</b>
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Mail all future correspondence regarding this license to:  
**850 W. Hind Drive, #214, Honolulu, HI 96821**

**C. CERTIFYING OFFICIAL**  
I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

PRINTED NAME AND TITLE <b>Worldster Lee, M.D., Medical Director</b>	SIGNATURE <i>Worldster Lee, MD</i>	DATE <b>5/5/2010</b>
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**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.**



# Gamma Corporation

850 West Hind Drive #214, Honolulu, HI 96821

Phone (808) 373-7009  
FAX (808) 373-7017

## Leak Test Certificate

Facility: Cataract and Vision Center of Hawaii  
Department:  
Address: 1712 Liliha Street, Suite 400  
Honolulu HI 96817

Number: 1256  
Fac ID:

Wipe Date: April 02, 2010  
Analysis Date: April 05, 2010

The following sources were leak tested according to the procedures described in NRC License No. 53-23207-01.  
All sources used for calibration are traceable to NTIS.

Isotope	Model Number	Serial Number	Activity (MBq)	Results (Bq)
Sr-90	Epi-Rad	123-R2.3	424	<2
Sr-90	Epi-Rad	87-R2.3	413	<2

This report must be on file for review by the NRC or state regulatory authorities.

Performed by:   
Ronald Frick, M.S., CHP, DABR

Radiation Safety Officer: 

MAY 24 2010

DATE

This is to acknowledge the receipt of your letter/application dated 5-05-2010, and to inform you that the initial processing, which includes an administrative review, has been performed.

There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify other omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card:

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The action you requested is normally processed within 90 days.

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** 472686.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at 817-860-8103.

Sincerely,



Licensing Assistant

BETWEEN: : (FOR LFMS USE)  
 : INFORMATION FROM LTS  
 : -----  
 :  
 License Fee Management Branch, ARM : Program Code: 02240  
 and : Status Code: 0  
 Regional Licensing Sections : Fee Category: 3P  
 : Exp. Date: 20180930  
 : Fee Comments: STORAGE ONLY  
 : Decom Fin Assur Reqd: N  
 : ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
 Applicant/Licensee: CATARACT & VISION CENTER OF HAWAII  
 Received Date: 20100507  
 Docket No: 3037793  
 Control No.: 472686  
 License No.: 53-29305-01  
 Action Type: Termination

2. FEE ATTACHED  
 Amount: \_\_\_\_\_  
 Check No.:           /          

3. COMMENTS

Signed Colleen Murnaghan  
 Date 5-14-10

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /\_\_/)

1. Fee Category and Amount: \_\_\_\_\_

2. Correct Fee Paid. Application may be processed for:  
 Amendment \_\_\_\_\_  
 Renewal \_\_\_\_\_  
 License \_\_\_\_\_

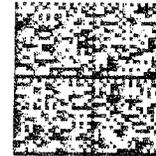
3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
 Date \_\_\_\_\_



Cataract & Vision Center of Hawaii

1712 Liliha Street, Suite 400  
Honolulu, Hawaii 96817



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U.S. NUCLEAR REGULATORY COMMISSION,  
REGION IV  
612 E. LAMAR BLVD, SUITE 400  
ARLINGTON, TX 76011-4125

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