

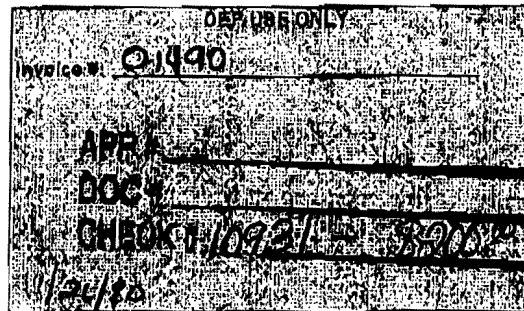
STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Bureau of Air Management
Division of Radiation
860-424-3029

06-31418-01
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Ionizing Radiation Registration

Please complete this form in accordance with the instructions (DEP-RAD-INST-100) to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the invoice, registration fee, and all supporting documentation including a completed Applicant Compliance Information Form (DEP-APP-002) along with this form.



Part I: Registration Type

Check the appropriate box identifying the registration type.

This registration is for:
[] A new ionizing radiation registration (If this a new registration, you must call 860-424-3535 before you register to obtain an invoice.)
[X] A renewal of an existing ionizing radiation registration*
[] An amendment to an existing ionizing radiation registration*
* When submitting a renewal of or an amendment to an existing radiation registration, please indicate any changes to the existing registration information by using red ink.

Part II: Fee Information

An annual registration fee of \$200.00 is to be submitted with each registration and applies for the period covering the calendar year. The registration will not be processed without the fee.

Part III: Facility Information

1. Company Name: CONNECTICUT ONCOLOGY & HEMATOLOGY
Facility Name (if different):
Address: 220 KENNEDY DRIVE
City/Town: TORRINGTON State: CT Zip Code: 06790
Business Phone: 860-482-5384 ext. 229 Fax: 860-489-2551
24-Hour Emergency Phone:
2. Location of Material (if different):
City/Town: State: Zip Code:

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NMSS/RGN1 MATERIALS-002

Part IV: NRC Licenses

For new licenses, attach a copy of each license; for renewals or modifications, attach any amended pages of each license.

License No.	License Title	Expiration Date

Part V: Radiation Safety Personnel

List contact people in the radiation safety section:

1. Name: **K. PAUL STEINMEYER**
Title: **RSO**
Direct Phone: **860-228-0487** ext. Fax:
E-Mail Address: **KPSTEIN@RADPRO.COM**
24-Hour Emergency Phone:

2. Name: **CATHY COLEMAN**
Title: **PET**
Direct Phone: **860-482-5384** ext. **228** Fax:
E-Mail Address: **ccoleman@connonc.com** **224**
24-Hour Emergency Phone:

3. Name:
Title:
Direct Phone: ext. Fax:
E-Mail Address:
24-Hour Emergency Phone:

Part VI: Personnel Dosimetry

1. Indicate whether personnel dosimetry is performed at your facility. Yes No

2. If yes indicate the name of vendor that provides this service:
LANDAUER

Part VII: Industrial X-Ray Equipment

Model	Serial	Manufacturer	Year	Location	Notes

Part VIII: Analytic Equipment for Examination of Material

(Including, but not limited to, X-ray diffraction units, electron microscopes, gauging devices, spectroscopic equipment, gas chromatographs, and fluoroscopic units; do not include X-ray tubes used for diagnosis or therapy)

Model	Serial	Manufacturer	Year	Location	Notes

Part IX: Industrial Radiographic Equipment

(For examination of structure with a sealed source)

Model	Serial	Manufacturer	Year	Location	Notes

Part X: Particle Accelerators

(Including, but not limited to, Van de Graffs, Linacs, Cyclotrons, Electronic Beam Welders)

Type	Total	Sealed	Unsealed	Other

Part XI: Special Nuclear Material

(Special nuclear material [SNM] refers to plutonium, ²³³U, uranium enriched in the isotope 233 or in the isotope 235 greater than its natural abundance, and any other material which the US NRC, pursuant to the provisions of Section 51 of the Atomic Energy Act of 1954, determines to be special nuclear material; SNM does not include source material.)

Material	Quantity	Location	Other

Part XII: Source Material

(Source material [SM] refers to uranium or thorium, or any combination thereof, in any physical or chemical form, or ores which contain at least 0.05% by weight uranium, thorium, or any combination thereof, except when the material is designated as special nuclear material.)

Material	Quantity	Location	Other

Part XIII: Sealed Sources

Isotope	Quantity	Activity	Activity	Expiry
Ge-68/Ga68	6	Not to exceed 5mCi each	Not to exceed 30mCi	Annual
Na-22	1	Not to exceed 250uCi	Not to exceed 250uCi	Annual

Part XIV: Other Radioactive Materials (including medical isotopes)

Isotope	Chemical Form	Activity	Activity	Purpose
F-18	Fluoro-deoxy-glucose	1000mCi	100mCi	Diagnostic use
F-18	Sodium Flouride Solution	100mCi	0	Instrument Calibration

Part XV: Waste Disposal

Does your facility generate LLRW which will require disposal by burial?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does your facility generate short half-life radioactive waste?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does your facility dispose of radioactive waste to a sanitary sewer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Remarks or Comments:		

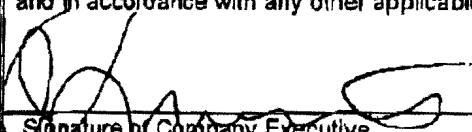
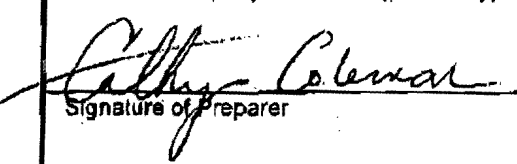
Part XVI: Registration Certification

The company executive with overall responsibility for the facility, and the individual(s) responsible for actually preparing the registration must sign this part. Please note: a registration will be returned unprocessed unless all signatures are provided.

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate, and complete to the best of my knowledge and belief.

I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

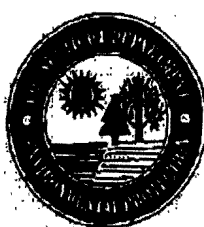
I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute."

	1-21-10
Signature of Company Executive	Date
Ivan Lowenthal	MD
Name of Company Executive (print or type)	Title (if applicable)
	1/22/10
Signature of Preparer	Date
Cathy Coleman	CNMT
Name of Preparer (print or type)	Title (if applicable)

Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.

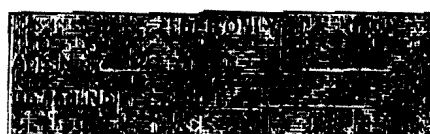
- Note: Please submit the following:
- a completed registration form;
 - invoice;
 - fee;
 - copy of each NRC license, or amended pages of NRC licenses;
 - a completed *Applicant Compliance Information* form (DEP-APP-002).

to: CENTRAL PERMIT PROCESSING UNIT
CT DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM ST
HARTFORD, CT 06106-5127



APP# _____
DOO# _____
BOOK# _____

Applicant Compliance Information



Applicant Name: CONNECTICUT ONCOLOGY & HEMATOLOGY
(as indicated on the *Permit Application Transmittal Form*)

If you answer **yes** to any of the questions below, you must complete the Table of Enforcement Actions on the reverse side of this sheet as directed in the instructions for your permit application.

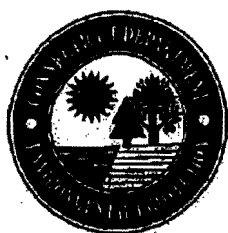
- A. During the five years immediately preceding submission of this application, has the applicant been convicted in any jurisdiction of a criminal violation of any environmental law?
 Yes No

- B. During the five years immediately preceding submission of this application, has a civil penalty been imposed upon the applicant in any state, including Connecticut, or federal judicial proceeding for any violation of an environmental law?
 Yes No

- C. During the five years immediately preceding submission of this application, has a civil penalty exceeding five thousand dollars been imposed on the applicant in any state, including Connecticut, or federal administrative proceeding for any violation of an environmental law?
 Yes No

- D. During the five years immediately preceding submission of this application, has any state, including Connecticut, or federal court issued any order or entered any judgement to the applicant concerning a violation of any environmental law?
 Yes No

- E. During the five years immediately preceding submission of this application, has any state, including Connecticut, or federal administrative agency issued any order to the applicant concerning a violation of any environmental law?
 Yes No

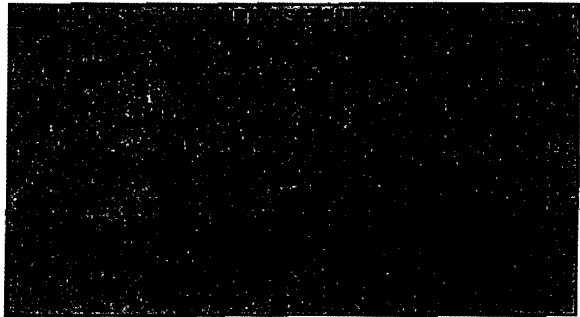


STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
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Part III: Facility Information

1. Company Name: **CONNECTICUT ONCOLOGY & HEMATOLOGY**
 Facility Name (if different):
 Address: **200 KENNEDY DRIVE**
 City/Town: **TORRINGTON** State: **CT** Zip Code: **06790**
 Business Phone: **860-482-5384** ext **229** Fax: **860-489-2551**
 24-Hour Emergency Phone:

2. Location of Material (if different): **220 KENNEDY DRIVE**
 City/Town: **TORRINGTON** State: **CT** Zip Code: **06790**

Part IV: NRC Licenses

For new licenses, attach a copy of each license; for renewals or modifications, attach any amended pages of each license.

Part V: Radiation Safety Personnel

List contact people in the radiation safety section

1. Name: **K. PAUL STEINMEYER**
 Title: **RSO**
 Direct Phone: **860-228-0487** ext. Fax:
 E-Mail Address: **KPSTEIN@RADPRO.COM**
 24-Hour Emergency Phone:

2. Name: **CATHY COLEMAN CNMT**
 Title: **PET**
 Direct Phone: **860-482-5384** ext. **229** Fax:
 E-Mail Address: **catherine.coleman@usoncology.com**
 24-Hour Emergency Phone:

3. Name:
 Title:
 Direct Phone: ext. Fax:
 E-Mail Address:
 24-Hour Emergency Phone:

Part VI: Personnel Dosimetry

1. Indicate whether personnel dosimetry is performed at your facility. Yes No

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LANDAUER

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Remarks or Comments:		

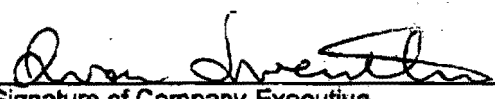
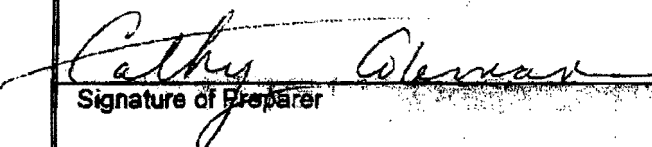
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I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute."

	4/6/07
Signature of Company Executive	Date
IVAN LOWENTHAL	MD
Name of Company Executive (print or type)	Title (if applicable)
	4/6/07
Signature of Preparer	Date
CATHY COLEMAN	CNMT
Name of Preparer (print or type)	Title (if applicable)

Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.

- Note: Please submit the following:
- a completed registration form,
 - fee,
 - copy of each NRC license, or amended pages of NRC licenses;
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to: CENTRAL PERMIT PROCESSING UNIT
 CT DEPARTMENT OF ENVIRONMENTAL PROTECTION
 79 ELM ST
 HARTFORD, CT 06106-5127

P.5

489-2551

CT Oncology & Hematology

Oct 29 2010 9:12

Part VII: Industrial X-Ray Equipment

[Redacted]						

Part VIII: Analytic Equipment for Microscopic Examination of Material

(Including, but not limited to, X-ray diffraction units, electron microscopes, moisture density gauging devices, spectroscopic equipment, gas chromatographs, and fluoroscopic units; do not include X-ray tubes used for diagnosis or therapy)

[Redacted]						

Part IX: Industrial Radiographic Sources

(For examination of structure with a sealed source)

[Redacted]						

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Part XIII: Radium Sources

(Including, but not limited to, static eliminators)

			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

489-2551

Part XIV: Sealed Sources

Ge-68/Ga-68	6	Not to exceed 5mCi each	Not to exceed 30mCi	Annual
Na-22	1	Not to exceed 250 uCi	Not to exceed 250 uCi	Annual

CT Oncology & Hematology

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Oct 29 2010 9:12