

(4-2008)
10 CFR 30.38(j)(1); 40.42(j)(1);
70.38(j)(1), and 72.54(k)(5)(1)(1)

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.

CERTIFICATE OF DISPOSITION OF MATERIALS

LICENSEE NAME AND ADDRESS

Great Lakes Cardiology
1221 Sixth Street, Suite 204
Traverse City, 49684

LICENSE NUMBER

21-32511-01

DOCKET NUMBER

LICENSE EXPIRATION DATE

07/31/2014

A. LICENSE STATUS (Check the appropriate box)

- This license has expired. 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:
 - 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: DEBORAH WAWROWICZ TITLE: DIRECTOR OF NUCLEAR SERV. TELEPHONE (include Area Code): 231-935-3261 E-MAIL ADDRESS: DWAWROWICZ@MHC.NET

Mail all future correspondence regarding this license to.


C. CERTIFYING OFFICIAL

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

PRINTED NAME AND TITLE: DEBORAH WAWROWICZ, DIR. OF Nuc. SERV. SIGNATURE: Deborah Wawrowicz DATE: 3-4-11

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.

Traverse Heart & Vascular

A Service of  MUNSON MEDICAL CENTER

- 1200 Sixth St. Suite 200, Traverse City, MI 49684 Phone 231-935-5800 or 1-800-637-4033
- 704 Oak St. Suite 200, Cadillac, MI 49601 Phone 231-876-6753

Departmental Fax Numbers

- | | | | |
|---|--------------|--|--------------|
| <input type="checkbox"/> Administration | 231-935-5744 | <input type="checkbox"/> Medical Records | 231-935-2975 |
| <input type="checkbox"/> Billing | 231-935-5822 | <input type="checkbox"/> Nurse Station 2 nd Flr | 231-935-3277 |
| <input type="checkbox"/> Check Out Desk | 231-935-2213 | <input type="checkbox"/> Scheduling | 231-935-5744 |
| <input type="checkbox"/> Clinical | 231-935-5799 | <input checked="" type="checkbox"/> Stress Lab | 231-935-3264 |

FAX

To: TOY SIMMONS From: DEBBY WAWROWICZ

Recipient Fax: 630-515-1078 Pages: 2 (including cover sheet)

Date: 3-4-11 Contact phone: 231-935-3261

Re: CONTROL # 574267

Urgent For Review Please comment Please Reply Please Recycle

•Comments:

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