



**CHAMPLAIN VALLEY CARDIOVASCULAR ASSOCIATES**

Kevin T. Carey, M.D., F.A.C.C.  
Walter D. Gundel, M.D., F.A.C.C.  
J. Christian Higgins, M.D., F.A.C.C.  
Steffen Hillemann, M.D., F.A.C.C.  
Janet M. Kirwan, M.D., F.A.C.C.  
Karen B. Grunewald, APRN-C

Adam Kunin, M.D., F.A.C.C.  
Daniel S. Raabe, Jr., M.D., F.A.C.C.  
Stanley M. Shapiro, M.D., F.A.C.C.  
Joseph F. Winget, M.D., F.A.C.C.  
Nancy L. Strong, APRN-C

www.cvca.com

Br L

April 14, 2011

Sirs and Madams:


03035839


Please find enclosed all appropriate documentation required for the termination of Champlain Valley Cardiovascular Associates' Materials License (#44-30682-01).

Enclosed is NRC form 314 as well as copies of the final surveys and proof of return of sealed sources for our Middlebury, VT location labeled "ATTACHMENT A" and the same documents for our South Burlington, VT location labeled "ATTACHMENT B". Please note that all sealed sources were returned to Isotope Product Laboratories located in Burbank, California.

Because we will no longer be receiving mail at our address, please send confirmation of the termination of our license to: 50 Timberlane, South Burlington, Vermont 05403.

Signed:

  
David P. Gervais, BS, CNMT, NCT  
Manager, Nuclear Cardiology

  
Karen Rounds, RN  
Chief Operating Officer

RECEIVED  
Rutland  
2011 APR 14 PM 12:32

574927  
NMSS/RGN1 MATERIALS-002

(4-2008)  
10 CFR 30.36(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

**CHAMPLAIN VALLEY CARDIOVASCULAR ASSOCIATES  
364 DORSET STREET, SOUTH BURLINGTON, VT 05403**

LICENSE NUMBER

**44-30682-01**

DOCKET NUMBER

**030-35839**

LICENSE EXPIRATION DATE

**12/31/2011**

- 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:  
**ISOTOPE PRODUCT LABORATORIES, BURBANK, CALIFORNIA**
  - 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>KAREN ROUNDS</b>	TITLE <b>COO</b>	TELEPHONE (Include Area Code) <b>(802) 238-6769</b>	E-MAIL ADDRESS <b>krounds@cvca.ws</b>
-----------------------------	---------------------	--	--

Mail all future correspondence regarding this license to:

**50 Timberlane, South Burlington, VT 05403**

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

PRINTED NAME AND TITLE <b>Karen Rounds</b>	SIGNATURE 	DATE <b>4/13/2011</b>
---	---	--------------------------

**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.**

# ATTACHMENT

A

Form # 8750 4760 9263

# RETURN PACKING LIST

## Sheet 2

All information must be provided to ensure proper handling of your return.

**FROM:**

Company Name Champlain Valley Cardiovascular

Address 812 Exchange Street, Ste 2

City Middlebury State VT Zip 05753

Contact Name David Gervais

Telephone: 800-80-6312 Fax: 800-860-5809

E-mail: dgervais@civca.ws

**SEND TO:**

 **Eckert & Ziegler**  
Isotope Products

**1800 North Keystone Street**  
**Burbank, CA 91504**

Tel 866-476-9767  
Fax 661-257-8303  
E-mail: nucmedsales@ezag.com

**RETURN #RA-155233**

**STOP:** This packing list must be affixed to the outside and a copy placed inside of the package.

Nuclide	<sup>5.655 mCi</sup> Activity	Reference Date	Serial No.	<sup>RV-057-SM</sup> Capsule Description	Source Wipe Test ≤5mCi
1) <u>Co57</u>	<u>~12mCi</u> <sup>5.475 mCi</sup>	<u>2-1-2007</u>	<u>1218-31-1</u>	<u>VIAL</u> RV-057-SM	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2) <u>Co57</u>	<u>~.83mCi</u>	<u>3-1-2009</u>	<u>1366-3-33</u>	<u>VIAL</u> RV-137-2000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3) <u>Cs137</u>	<u>~187mCi</u>	<u>2-1-2007</u>	<u>1218-28-13</u>	<u>VIAL</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4) <u>Cs137</u>	<u>~100mCi</u>	<u>2-1-2007</u>	<u>1181-14-18</u>	<u>ROD</u> <sup>SF-001X</sup>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5) _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If source is damaged, broken, or leaking, describe under "Capsule Description" section and submit a copy of last leak test. Keep a copy of this form for your records. It may be requested by your regulatory agency. I acknowledge that the above information is true to the best of my knowledge.

Contact's Signature [Signature]

**For EZIP Use only**  
EZIP has received the radioactive sources listed above, except as noted below:

Receiver's Name JUCIUS AGERU

Receipt Date 10 MAR 11

Sources not received: \_\_\_\_\_  N/A

\*TRN# 8750 4760 9258

# RETURN PACKING LIST

Sheet 2

All information must be provided to ensure proper handling of your return.

**FROM:**

Company Name Champlain Valley Cardiovascular  
 Address 812 Exchange St, Ste 2  
 City Middlebury State VT Zip 05753  
 Contact Name D. Gervais  
 Telephone: 802-862-6312 Fax: 802-860-5866  
 E-mail: dgervais@cvcva.ws

**SEND TO:**

 **Eckert & Ziegler**  
 Isotope Products  
 1800 North Keystone Street  
 Burbank, CA 91504  
 Tel 866-476-9767  
 Fax 661-257-8303  
 E-mail: nucmedsales@ezag.com

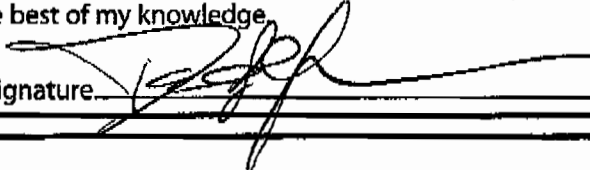
## RETURN #RA-155233

STOP: This packing list must be affixed to the outside and a copy placed inside of the package.

	Nuclide	Activity	Reference Date	Serial No.	Capsule Description	Source Wipe Test $\leq 5\text{nci}$
*1)	<u>Co<sup>57</sup></u>	<u>~571 mci</u>	<u>10-1-2009</u>	<u>1399-007</u>	<u>Sheet</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2)						<input type="checkbox"/> Yes <input type="checkbox"/> No
3)						<input type="checkbox"/> Yes <input type="checkbox"/> No
4)						<input type="checkbox"/> Yes <input type="checkbox"/> No
5)						<input type="checkbox"/> Yes <input type="checkbox"/> No

If source is damaged, broken, or leaking, describe under "Capsule Description" section and submit a copy of last leak test. Keep a copy of this form for your records. It may be requested by your regulatory agency.

I acknowledge that the above information is true to the best of my knowledge.

Contact's Signature: 

**For EZIP Use only**

EZIP has received the radioactive sources listed above, except as noted below:

**FAXED MAR 14 2011**

Receiver's Name JULIUS NGERU

Receipt Date 14 MAR 11

Sources not received: \*RECEIVED IN THIS PACKAGE  N/A

**Area Monitoring Report**

**Group Name : NUCLEAR MEDICINE**

**Date Range : 02/01/2011 To 02/28/2011**

Date/Time	Tech	In st	Ck. Batt	Src mR/hr	Bkg mR/hr	Area 1 mR/hr	Area 2 mR/hr	Area 3 mR/hr	Area 4 mR/hr
02-07-11 14:28	MMR	1	P*	1.00*	0.04	0.03	0.03	0.02	0.03
02-08-11 13:48	SLG	1	P*	0.90*	0.02	0.02	0.02	0.02	0.02
02-10-11 14:13	GMO	1	P*	0.95*	0.02	0.02	0.02	0.02	0.02
02-14-11 12:05	DPG	1	P*	1.50*	0.02	0.02	0.02	0.02	0.02
02-17-11 10:41	DPG	1	P*	1.40*	0.02	0.02	0.02	0.02	0.02

Final area Surveys

**Note:**  
**Areas Underlined are over trigger limit.**  
 \*\*\*\*\*

QC Readings marked with '\*' (asterisk) indicates that QC was not part of the Area Monitor test.

Battery Check: "P" = Pass "F" = Fail

Test Not performed or Not Required: "--"

Trigger Limit : 0.05 mR/hr

**Current Area Trigger Limits (mR/hr):**

HOT LAB	-	0.05 (1)	DECAY IN STORA -	0.05 (2)	IMAGING ROOM	-	0.05 (3)
STRESS LAB	-	0.05 (4)					

**Instrument Information**

# Name	Manufacturer	Next Cal	Serial Number	Efficiency
--------	--------------	----------	---------------	------------

CVCA - Middlebury

Nuclear Medicine Department

812 Exchange Street Suite # 2, Middlebury, Vermont

LIC. # 44-30682-01

February 28, 2011

Area Wipe Report

Group Name : NUCLEAR MEDICINE

Date Range : 02/01/2011 To 02/28/2011

Date/Time	Tech	st	In Batt	Ck.Src	Bkg Area 1			Area 2		Area 3		Area 4	
					CPM	CPM	DPM	CPM	DPM	CPM	DPM	CPM	DPM
02-10-11 14:13	GMO	3	--	99*	347	0	0	0	0	0	0	0	0
02-17-11 10:42	DPG	3	--	99*	350	0	0	0	0	0	0	0	0

Final area wipes

Note:

Areas Underlined are over trigger limit.

\*\*\*\*\*

Battery Check: "P" = Pass "F" = Fail

Test Not performed or Not Required: "--"

Check source reading was done today but not as part of this survey/wipe test: " \* "

Wipe Area : 100.00 Sq. CM

Trigger Limit : 2000.00 DPM

Current Area Trigger Limits (DPM): 2,000.00

Instrument Details:

#	Instrument	Manufacturer	Next Cal Date	Serial No	Efficiency
3	CAPINTEC	Capintec		001936	N/A

Original area names:

Generic Name	Actual area name	Generic Name	Actual area name	Generic Name	Actual area name
Area 1	HOT LAB	Area 2	DECAY IN STORAGE AREA	Area 3	IMAGING ROOM
Area 4	STRESS LAB				

# ATTACHMENT B



# RETURN PACKING LIST

All information must be provided to ensure proper handling of your return.

**FROM:**

Company Name Champlain Valley Cardiovascular  
 Address 364 Dorset Street, Ste. 1  
 City So. Burlington State VT Zip 05403  
 Contact Name D. Gervais  
 Telephone: 802-860-5809 Fax: 802-860-5808  
 E-mail: dgervais@cvcv-us

**SEND TO:**

 **Eckert & Ziegler**  
 Isotope Products

**1800 North Keystone Street  
 Burbank, CA 91504**

Tel 866-476-9767  
 Fax 661-257-8303  
 E-mail: nucmedsales@ezag.com

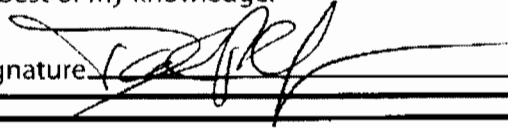
**RETURN #RA-157201**

**STOP:** This packing list must be affixed to the outside and a copy placed inside of the package.

	Nuclide	Activity	Reference Date	Serial No.	Capsule Description	Source Wipe Test ≤5nci
1)	<u>Cs<sup>137</sup></u>	<u>0.0810 uCi</u> <u>0.200 uCi</u>	<u>2-1-2002</u>	<u>851-18-6</u>	<u>Rod (ZPC)</u> <u>RV-137-2000</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2)	<u>Cs<sup>137</sup></u>	<u>162.12 uCi</u>	<u>2-1-2002</u>	<u>788-52-10</u>	<u>Vial</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3)	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4)	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5)	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If source is damaged, broken, or leaking, describe under "Capsule Description" section and submit a copy of last leak test. **Keep a copy of this form for your records. It may be requested by your regulatory agency.**

I acknowledge that the above information is true to the best of my knowledge.

Contact's Signature 

**For EZIP Use only**

EZIP has received the radioactive sources listed above, except as noted below:

Receiver's Name JULIUS HGERU

Receipt Date 11 APR 11

Sources not received: \_\_\_\_\_ N/A



# RETURN PACKING LIST

All information must be provided to ensure proper handling of your return.

**FROM:**

Company Name Champlain Valley Cardiovascular  
 Address 364 Dorset St, Ste. 1  
 City So. Burlington State VT Zip 05403  
 Contact Name D. Gervais  
 Telephone: 802-860-5809 Fax: 802-860-5808  
 E-mail: dgervais@cvca.us

**SEND TO:**

 **Eckert & Ziegler**  
 Isotope Products

**1800 North Keystone Street  
 Burbank, CA 91504**

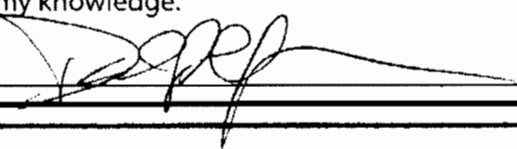
Tel 661-309-1010  
 Fax 661-257-8303  
 E-mail: nucmedsales@ezag.com

## RETURN #RA-157201

**STOP:** This packing list must be affixed to the outside and a copy placed inside of the package. Each returned source to EZIP must be on a one-to-one exchange basis only. For additional returns, please contact EZIP customer service for additional cost considerations.

	Nuclide	Activity	Reference Date	Serial No.	Capsule Description	Source Wipe Test ≤5nci
1)	<u>Co<sup>57</sup></u>	<u>0mCi</u>	<u>3-1-2002</u>	<u>851-30-1</u>	<u>Rod (cpl)</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2)	<u>Co<sup>57</sup></u>	<u>5.368mCi</u> <u>10066mCi</u>	<u>2-1-2004</u>	<u>1014-84-3</u>	<u>Vial</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3)	<u>Co<sup>57</sup></u>	<u>5.393mCi</u> <u>10011mCi</u>	<u>3-1-2002</u>	<u>788-68-26</u>	<u>Vial</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4)	<u>Co<sup>57</sup></u>	<u>5.20mCi</u> <u>10477mCi</u>	<u>3-29-2006</u>	<u>BM065703831</u>	<u>Vial (rod qual)</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5)	<u>Co<sup>57</sup></u>	<u>5.450mCi</u> <u>2.6659mCi</u>	<u>7-1-2010</u>	<u>1445-13-17</u>	<u>Vial</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

If source is damaged, broken, or leaking, describe under "Capsule Description" section and submit a copy of last leak test. Keep a copy of this form for your records. It may be requested by your regulatory agency. I acknowledge that the above information is true to the best of my knowledge.

Contact's Signature 

**For EZIP Use only.**

EZIP has received the radioactive sources listed above, except as noted below:

Receiver's Name JULIUS NGERU

Receipt Date 11 APR 11

Sources not received: N/A

**Champlain Valley Cardiovascular Associates**

Nuclear Medicine Department

Area Monitoring Report : Group Name : NUCLEAR MEDICINE

Date Range : 04/08/2011 To 04/08/2011

---

**Tech Information:**

<b>Tech</b>	<b>Complete Tech Name</b>
DPG	DAVID GERVAIS



**Champlain Valley Cardiovascular Associates**

Nuclear Medicine Department

364 Dorsett Street, South Burlington, Vermont

Lic.# 44-30682-01

April 14, 2011

**Area Wipe Report**

**Group Name : NUCLEAR MEDICINE**

**Date Range : 04/08/2011 To 04/08/2011**

Date/Time	Tech	In st	Ck. Batt	Src	Area 1		Area 2		Area 3		Area 4		Area 5		Area 6		Area 7	
					Bkg CPM	Area CPM	DPM	Bkg CPM	Area CPM	DPM	Bkg CPM	Area CPM	DPM	Bkg CPM	Area CPM	DPM	Bkg CPM	Area CPM
04-08-11 10:21	DPG	3	--	--	167	0	0	0	0	0	0	0	0	0	0	0	--	--

**Note:**

Areas            are over trigger limit.

\*\*\*\*\*

Battery Check: "P" = Pass "F" = Fail

Test Not performed or Not Required: "--"

Check source reading was done today but not as part of this survey/wipe test: " \* "

Wipe Area : 100.00 Sq. CM

Trigger Limit : 2000.00 DPM

*Final area wipes*

Current Area Trigger Limits (DPM): 2,000.00

**Instrument Details:**

#	Instrument	Manufacturer	Next Cal Date	Serial No	Efficiency
3	CAPINTEC	Capintec		001166	N/A

**Original area names:**

Generic Name	Actual area name	Generic Name	Actual area name	Generic Name	Actual area name
Area 1	DOSE PREP & L-BLOCK	Area 2	REF SOURCE/FLODD STORAGE	Area 3	DECAY IN STORAGE AREA
Area 4	SINK (HOT LAB)	Area 5	IMAGING ROOM	Area 6	STRESS LAB INJ CHAIR
Area 7	STRESS LAB 2 (IF USED)				

**Tech Information:**

Tech	Tech Name

**Champlain Valley Cardiovascular Associates**

Nuclear Medicine Department

Area Wipe Report : Group Name : NUCLEAR MEDICINE

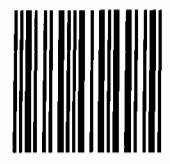
Date Range : 04/08/2011 To 04/08/2011

---

DPG

DAVID GERVAIS

Champlain Valley Cardiovascular  
50 Timber Lane  
South Burlington VT 05403



1000

19406

U.S. POSTAGE  
PAID  
SOUTH BURLINGT. V  
05403  
APR 14, 11  
AMOUNT  
**\$1.22**  
00038191-14

574927

U.S. NRC Region I  
Attn: Janice Nguyen  
re: License Termination

**FIRST CLASS**

475 Allendale Road  
King of Prussia, PA 19406-1415

NRC 314

This is to acknowledge the receipt of your ~~letter~~ application dated  
4/13/2011, and to inform you that the initial processing which  
includes an administrative review has been performed.

TERMINATION 44-30682-01  
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

---

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** 574927.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.