

RADIOCAT

December 1, 2011

Centers For The Treatment of Foline Hyperthyroidism

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51 O'R Harry Missa Rus Russ Only FOA Mill File

201 M. Allenda Bud. J. J. Namer, J. & **94**201

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12121 Lower File. Namegra Dr. 19864

VIN Collection Residence and Holds Suits V East of Employed

> 630 N 1 Bi-Parkvay Oznaka + 4 30002

STE MEN PARK Highway An ogkon Fragric, E 60004

8750 Bash Sheet In Balasek is REBBSO

304 MAR A. Batter en NO 21228

1800 Secretaria Comment MARZISA

9757 Big Rand Bird Gribbs MOCR 2

MECHINA AL White Park, buy 10000

223 Suber Ri Pimbuge, PA 15207

393 M. Jankake Ke Christianski st.) 297/27

CASE FOR BURRA Spendal and 12 No

18003,799 Trainder at elements com www.nationar.com Dennis Lawyer dennis.lawyer@nrc.gov Division of Nuclear Materials Safety U.S. Nuclear Regulatory Commission, Region I 475 Allendale Road King of Prussia, PA 19406

Br. 2

RE: LICENSE NUMBER 45-25330-01 03033825

Dear Mr. Lawyer:

Please amend this license to remove the address, 1212 East Newport Pike, Wilmington, DE, as a location of use. A closeout survey for this location is attached.

Please remove the following users:

Patricia M. Hogan, DVM
William Widmer, DVM
Jonathan Sheff, DVM
Geoff McKenzie, DVM
Matthew G. Bischoff, DVM
Michael Walters, DVM
Jeff Vemmer, DVM

If you have any questions or require additional information, please call me at 847-965-1999.

Sincerely,

Jennifer Allore

Attachments

ec: Rand Wachsstock, DVM, Eli Port

H:\HOME\400001 Health Physics\RADIOCAT\NRC\NRC27.doc

376460 NMSS/RGN1 MATERIALS-002

RADIOCAT

Location: (circle one)

AZ CA CT DE GA IL SD

Decontermentin Survey LA IN NY MA PA VA SM

SURVEY FORM

| Date of Dosing <u>8/91/69</u> After Dosing <u>After Release</u> | Spot Check Follow Up 🙅 | |
|--|----------------------------|----------|
| Survey Instrument: Make/Model <u>U.3</u> Serial No <u>140219</u> | Probe 14070 Check Source > | Þ |
| Wipes Counted On: Make/ Model 2241 Serial No. 154493 | Probe 44.9 Check Source F | <u>ي</u> |
| 3 | Efficiency 0.25 | |

4 7 |9,10|

2

| Radioactive material | | | |
|----------------------|----------|----------|--|
| Nuclide | Form | Activity | |
| I-131 | unsealed | 3-5 | |
| | | per | |

SURVEY FINDINGS

| Area | Dose/Exposure Rate (mR/hr) | Direct Surface Emission Rate Removable Activity | | | |
|-------------------------------------|-------------------------------|--|--------------|------------|----------------------------|
| | Surface | Wipe # | Gross cpm | Net cpm | dpm/ 100cm ² |
| Background | | | 38 | | |
| Hallway Wali | | NA | NA | NA | NA |
| 2. Dog Run Wall | | NA | NA | NA | NA |
| 3. Outside Wall | | NA | NA | NA | NA |
| 4. Outside Wall | NA | NA | NA | NA | NA |
| 5. Storage Area | NA | NA | NA | NA | NA |
| 6. Table Top Lex a noc of Tx | NA | | 360 | 80 | Okad |
| 7. Sink | | | 31 | Ø | Bkca |
| 8. Cage Front | | NA | NA | NA | NA ³ |
| 9. Compactor (inside) | NA | NA | NA | NA | NA |
| 10. Compactor (outside) | NA | NA | NV | AU | NA |
| 11. Floor Left (in front of cages) | NA | | 38 | 9 | Blee |
| 12. Floor Center | NA | | 32 | Ø | bkis |
| 13. Floor Right (in front of cages) | NA | as are seen as a | 36 | Ø | Poked |
| 14. Floor by ammo boxes | NA | | 38 | Ø | bkrd. |

Comments floor was oxamed with the

Date 8/21/09

| This is to acknowledge | the receipt of your letter/application dated |
|---|---|
| There were no admit technical reviewer. | , and to inform you that the initial processing which ive review has been performed. 1 (45-25330-01) nistrative omissions. Your application was assigned to a Please note that the technical review may identify additional additional information. |
| Please provide to thi | is office within 30 days of your receipt of this card |
| • • • • | as been forwarded to our License Fee & Accounts Receivable of you separately if there is a fee issue involved. |
| When calling to inquire | about this action, please refer to this control number. 0) 337-5398, or 337-5260. |
| NRC FORM 532 (RI) (6-96) | Sincerely, Licensing Assistance Team Leader |

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