


NRC FORM 314 (03-2014) 10 CFR 30.24(d)(1); 40.42(d)(1); 70.38(d)(1); and 72.54(k)(1)(i)		U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3160-0028	EXPIRES: 02/28/2017
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LICENSEE NAME AND ADDRESS Lincoln County Memorial Hospital 1000 East Cherry Troy, MD 63379	LICENSE NUMBER 24-18689-01	DOCKET NUMBER 030-14048
	LICENSE EXPIRATION DATE 3-31-16	

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:

We will operate concurrently with Mercy Hospital under their license # 24-00794-03

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 Eugene Beal Jr M.D.	TITLE Radiation Safety Officer	TELEPHONE (include Area Code) 636-526-3488	E-MAIL ADDRESS bealball@AOL.com
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Mail all future correspondence regarding this license to:
 Gregory Heidbrier 1000 E Cherry Troy, MD 63379

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

PRINTED NAME AND TITLE Eugene Beal Jr M.D. Radiation Safety Officer	SIGNATURE <i>Eugene Beal Jr M.D.</i>	DATE 3-24-15
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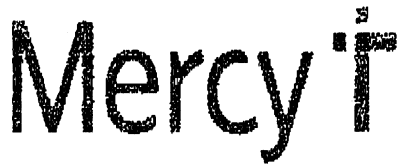
WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECT. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

To the Nuclear Regulatory Commission,

Please find attached form 314. We are terminating our previous license, owned by Lincoln County Memorial Hospital. We are continuing our operations under the new ownership of Mercy Hospitals and we will be known as Mercy Hospital Lincoln.

Thank you,

Gregory Heibrier/Manager, Imaging Services



Mercy Hospital Saint Louis
David C. Pratt Cancer Center
Department of Radiation Oncology
607 S. New Ballas Road
Suite 1275
Saint Louis, MO 63141

Kathy Baglan, M.D.
Robert Frazier, M.D.
Julie Mai, M.D.
Jaymeson Stroud, M.D.
Jeffrey Craft, M.D.

Please deliver the following page(s) to:

Name: Toye Simmons EXT. _____
Department: _____
Facsimile Telephone NO.: 630-515-1078

Sender Information:

Sender's Name: Robert F Turco R.S.O. Mercy St. Louis
Sender's Department: Radiation Oncology
Sender's Telephone No.: 314-251-6844
Sender's Facsimile No.: 314-251-4337

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