



Physician Group
85 East US Highway 6
Valparaiso, IN 46383
219-983-8300
PorterPhysicianGroup.com

July 30, 2015

U.S. Nuclear Regulatory Commission
Materials Licensing Branch
Region III
2443 Warrenville Road
Suite 210
Lisle, IL 60532

Re: Termination of 13-26691-01

Dear Madam or Sir:

We wish to terminate our Materials License 13-26691-01. Simultaneously Porter Regional Hospital 13-17073-01 is submitting an amendment request to add our facility as an address of use to their Materials License. In support of this request please note the following:

- We have attached a completed NRC form 314 as required
- We have attached the final daily survey (mR/hr) and wipe test (dpm) to confirm no residual contamination.

If you require any additional information concerning this issue, please contact our Medical Nuclear Physicist, Thomas M. Kumpuris, M.S., FACR of Medical Physics Consultants, Inc. at tkumpuris@mpcphysics.com.

Sincerely,

Stephen Lunn, CEO

RECEIVED AUG 12 2015



CERTIFICATE OF DISPOSITION OF MATERIALS

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 FOIA, Privacy, and Information Collections Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollections.Resource@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.

LICENSEE NAME AND ADDRESS

Porter Physician Services, LLC
d/b/a Porter Physician Group, Northwest Indiana Cardiovascular Physicians
2000 Roosevelt Road
Valparaiso, IN 46383

LICENSE NUMBER

13-26691-01

DOCKET NUMBER

LICENSE EXPIRATION DATE

01/31/2021

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:
- Porter Regional Hospital 13-17073-01
- ☐ 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	TITLE	TELEPHONE (Include Area Code)	E-MAIL ADDRESS
Thomas M. Kumpuris, M.S., FACR	Medical Nuclear Physiciat	(800) 321-2207	tkumpuris@mpcphysics.com

Mail all future correspondence regarding this license to:

Nuclear Medicine, Porter Regional Hospital
85 East US Highway 6, Valparaiso, In. 46383

C. CERTIFYING OFFICIAL

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

PRINTED NAME AND TITLE

Hector J. Marchand, MD, RSO

SIGNATURE

DATE

05-AUG-15

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.

License # 13-26691-01

Performed By: MWinterrowd CNMT

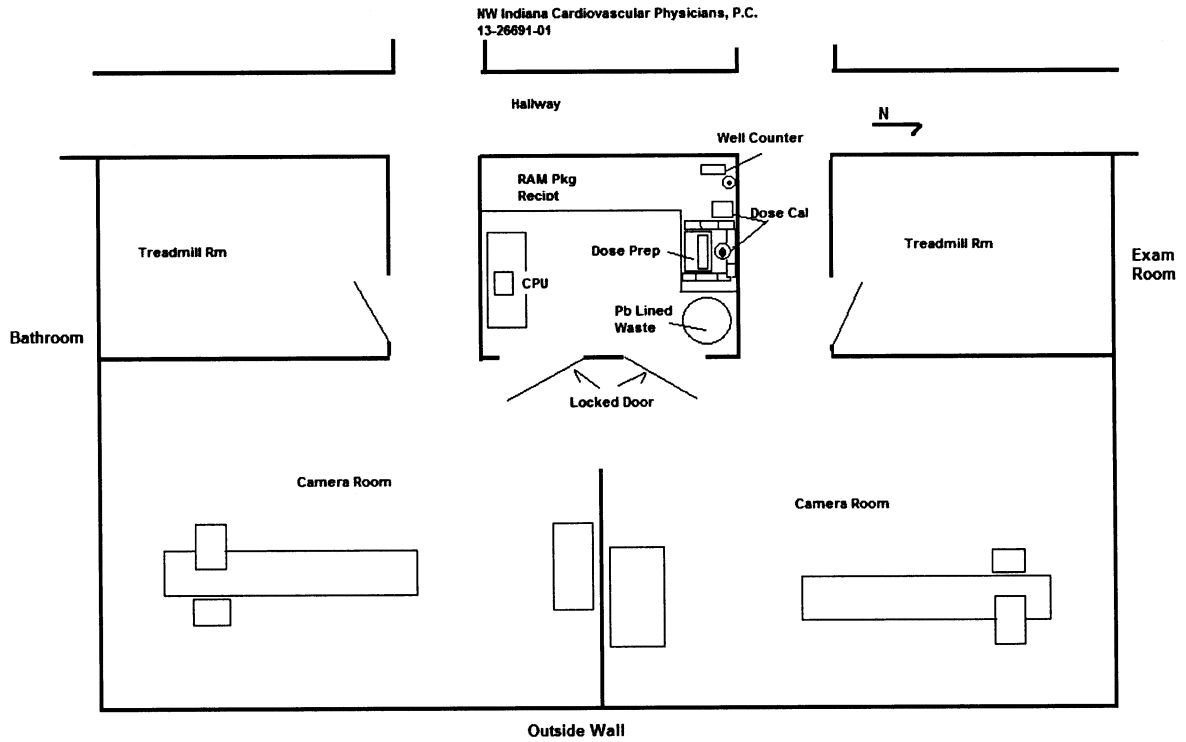
MDA: 118 dpm

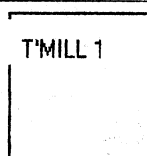
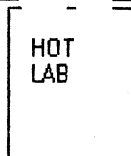
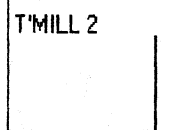
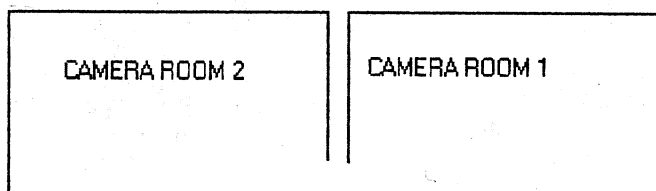
Check Value: 2.5 mR/hr

ACTION LEVELS: 2000 dpm Efficiency (dpm/cpm): 1.11
 < 0.2 mR/hr (except Seald Source Area <1.0 mR/hr)
COMMENTS: No evidence of removable contamination.

RSO Signature:

NRC Amendment 07/15





ROOM SIZES

CAMERA 1: 16'X 20'

CAMERA 2: 16'X 20'

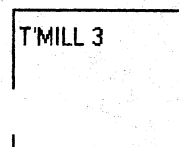
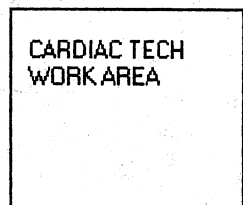
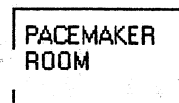
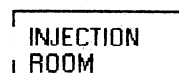
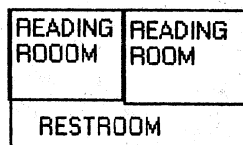
HOT LAB: 8'X 8'

T'MILL 1: 9'X 11'

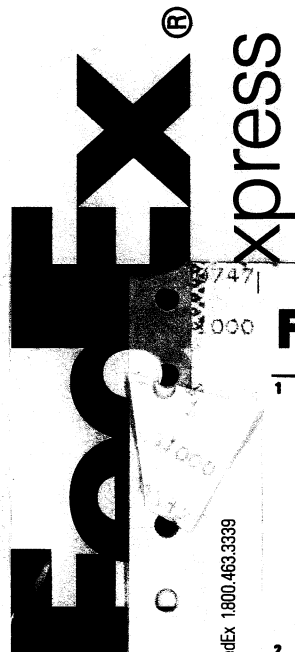
T'MILL 2: 9'X 11'

INJ. ROOM: 7'X 9'

T'MILL 3: 13'X 17'



Do not ship liquids, blood, or clinical specimens in this packaging.



fedex.com 1800.GoFedEx 1800.463.3339

05241029

RT 493
D 16:00
08/12

FedEx Package
Express **US Airbill**

FedEx Tracking Number **8071 1073 6412**

1 From
Date **8-11-2015**

Sender's Name **MIKE RALPH** Phone **219 983-8889**

Company **PORTER REGIONAL HOSP**

Address **85 E US HIGHWAY 6**

City **VALPARAISO** State **IN** ZIP **46380-8947**

2 Your Internal Billing Reference

3 To
Recipient's Name **Material Licensing Branch** Phone

Company **U.S. Nuclear Regulatory Commission**

Address **Region 111**

2443 Warrawville Rd. Suite 210

City **Lisle** State **IL** ZIP **60532**

Use this line for the HOLD location address or for continuation of your shipping address.

HOLD Weekday
FedEx location address
REQUIRED. NOT available for
FedEx First Overnight.

HOLD Saturday
FedEx location address
REQUIRED. Available ONLY for
FedEx Priority Overnight and
FedEx 2Day to select locations.



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WED - 12 AUG AA
STANDARD OVERNIGHT

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IL-US
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RECEIVED AUG 12 2015



FID 297684 11AUG15 WSCA 537C1/FCCA/EE48

Next Business Day

☐ FedEx First Overnight
Earliest next business morning delivery to select locations. Priority shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☐ FedEx Priority Overnight
Next business morning. Priority shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☒ **FedEx Standard Overnight**
Next business afternoon. Saturday Delivery NOT available.

2 or 3 Business Days

☐ FedEx 2Day A.M.
Second business morning. Saturday Delivery NOT available.

☐ FedEx 2Day
Second business afternoon. Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☐ FedEx Express Saver
Third business day. Saturday Delivery NOT available.

5 Packaging *Declared value limit \$500.

☒ FedEx Envelope* ☐ FedEx Pak* ☐ FedEx Box ☐ FedEx Tube ☐ Other

6 Special Handling and Delivery Signature Options

☐ SATURDAY Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

☐ No Signature Required
Package may be left without obtaining a signature for delivery.

☐ Direct Signature
Someone at recipient's address may sign for delivery. Fee applies.

☐ Indirect Signature
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?

One box must be checked.

☐ No ☐ Yes
As per attached Shipper's Declaration. Shipper's Declaration not required.

☐ Dry Ice, 5 UN 1845 ☐ Dry Ice, 5 UN 1845 ☐ Cargo Aircraft Only

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

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Sender ☐ Recipient ☒ Third Party ☐ Credit Card ☐ Cash/Check

Total Packages **1** Total Weight **1.1** Credit Card Auth. **60532**

Obtain recip. Acct. No. ☐

111

Your liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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