

(5-92)  
10 CFR 30.38(c)(1)(iv)  
10 CFR 40.42(c)(1)(iv)  
10 CFR 70.38(c)(1)(iv)

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 30 MINUTES. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNBR 7714), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0028), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

### CERTIFICATE OF DISPOSITION OF MATERIALS

INSTRUCTIONS: ALL ITEMS MUST BE COMPLETED -- PRINT OR TYPE  
SEND THE COMPLETED CERTIFICATE TO THE NRC OFFICE SPECIFIED ON THE REVERSE

LICENSEE NAME AND ADDRESS  
Windham 08/31/94 ASSOCIATES, P.C.  
IVAN CARRASQUILLO M.D.  
195 CANAL ST  
BRATTLEBORO, VT 05301

LICENSEE NUMBER  
44-28239-01  
LICENSE EXPIRATION DATE  
1993

#### A. MATERIALS DATA (Check one and complete as necessary)

THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT:  
(Check and/or complete the appropriate item(s) below.)

- 1. NO MATERIALS HAVE EVER BEEN PROCURED OR POSSESSED BY THE LICENSEE UNDER THIS LICENSE.
  - OR
  - 2. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER. (If additional space is needed, use the reverse side or provide attachments.)  
Describe specific material transfer actions and, if there were radioactive wastes generated in terminating this license, the disposal actions including the disposition of low-level radioactive waste, mixed waste, Greater-than-Class-C waste, and sealed sources, if applicable.  
Source was returned to radion international of me.  
on 11/24/93 (see enclosed copy of mailing record)
- For transfers, specify the date of the transfer, the name of the licensed recipient, and the recipient's NRC license number or Agreement State name and license number.
- If materials were disposed of directly by the licensee rather than transferred to another licensee, licensed disposal site or waste contractor, describe the specific disposal procedures (e.g., decay in storage).

9404110022 940328  
PDR ADOCK 03030669  
C PDR

#### B. OTHER DATA

- 1. OUR LICENSE HAS NOT YET EXPIRED; PLEASE TERMINATE IT.
- 2. WAS A RADIATION SURVEY CONDUCTED TO CONFIRM THE ABSENCE OF LICENSED RADIOACTIVE MATERIALS AND TO DETERMINE WHETHER ANY CONTAMINATION REMAINS ON THE PREMISES COVERED BY THE LICENSE? (Check one)  
 NO (Attach explanation)  
 YES, THE RESULTS (Check one)  
 ARE ATTACHED, or  
 WERE FORWARDED TO NRC ON (Date)

3. THE PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM  
NAME: IVAN CARRASQUILLO MD  
TELEPHONE NUMBER (Include Area Code): (802) 254-2450

4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO  
Ivan Carrasquillo, M.D.  
195 Canal Street  
Brattleboro, VT 05301  
(802) 254-2450

CERTIFYING OFFICIAL

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

PRINTED NAME AND TITLE	SIGNATURE	DATE
	<i>Ivan Carrasquillo</i>	3/18/94

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 RESPECTS. 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.

MAR 24 1994

FEDERAL EXPRESS

MODÈLE DE CONTRAT / MODEL OF CONTRACT

400-3918 2813

USE THIS AIR WAYBILL FOR ALL INTERNATIONAL SHIPMENTS  
UTILISER CETTE LETTRE DE TRANSPORT POUR TOUS LES ENVOIS INTERNATIONAUX



Use of Shipment / Date d'expédition: M/M/J/JA  
Origin Station ID / Succursale d'origine: /  
Destination Station ID / Succursale de destination: /

SENDER Type or press mark. Complete entire section. / EXPÉDITEUR Remplir les cases non imprimées. Tape ou copier les données.

Federal Express Account Number / N° de compte Federal Express: 127365172  
Telephone No. / TÈLEX No. (important):  
Company Name / Nom d'entreprise: WINDHAM OB-GYN ASSOC., P.C.  
From (Sender's Name) / Expéditeur: IVAN CARRASQUILLO, M.D.  
Street Address (No P.O. Box Number) / Adresse (aucun numéro de case postale): 195 CANAL STREET  
Street Address / Adresse: BRATTLEBORO, VERMONT 05301  
City/Town / Ville: U.S.A.  
Country / Pays: Postal Code / Code postal:  
Sender References (if needed. First 24 characters will appear on invoice):  
Identification Number for Customs purposes (e.g. IN/VAT/EIN, or as locally required):

CONSIGNEE / DESTINATAIRE

Deliver To Address / Adresse à livrer: /  
Hold and Notify Telephone Number / Retenir et appeler au n°:  
Company Name / Nom d'entreprise:  
To (Consignee's Name) / Destinataire:  
Street Address (No P.O. Box Number) / Adresse (aucun numéro de case postale):  
Street Address / Adresse:  
City/Town / Ville: State/State/Province / État/Province:  
Country / Pays: ZIP/Postal Code / Code postal:  
Destination Customs Broker and Telephone No. / TÈLEX No. Nom et n° de tél./TÈLEX du courtier en douanes destinataire:  
Identification Number for Customs purposes (e.g. IN/VAT/EIN, or as locally required):

SERVICES / SERVICES

Declared Value Limit \$100 / La valeur déclarée limite 100 \$  
11  Next Priority  
16  FEDEX Letter / Enveloppe  
12  FEDEX Pak  
20  Day After Tomorrow

SPECIAL HANDLING / MANUTENTION SPÉCIALE

Not All Options Available To All Countries / Toutes les options ne sont pas disponibles pour tous les pays  
3  Saturday Delivery / Livraison le samedi  
9  Saturday Pick-Up / Cueillette le samedi  
4  Dangerous Goods as per attached Shipper's Declaration / Marchandises dangereuses en vertu de la déclaration de l'expéditeur ci-jointe  
CA  Cargo Aircraft Only / Avion cargo seulement  
AC

TRANSPORTATION CHARGES / FRAIS DE TRANSPORT

Not All Options Available To All Countries / Toutes les options ne sont pas disponibles pour tous les pays  
1  Bill Sender / Facturez l'expéditeur  
5  Cash/Check In Advance / Comptant/par chèque à l'avance  
2  Bill Consignee / Facturez le destinataire. Fill in Fedex Account Number or Credit Card Number Below / Inscrivez le n° de compte FedEx ou de carte de crédit ci-dessous.  
3  Bill Third Party / Facturez une tierce partie  
4  Credit Card / Carte de crédit

DUTIES AND TAXES / DROITS ET TAXES

Not All Options Available To All Countries / Toutes les options ne sont pas disponibles pour tous les pays  
6  Bill Sender / Facturez l'expéditeur  
7  Bill Consignee / Facturez le destinataire. Fill in Fedex Account Number Below / Inscrivez le n° de compte de FedEx ci-dessous.  
8  Bill Third Party / Facturez une tierce partie

400-3918 2813

INVOICE INFORMATION Information provided must match information on shipping label. / INFORMATION - FACTURE L'information fournie doit correspondre aux renseignements inscrits sur le facsimilé d'étiquette.

Country of Export / Pays exportateur	Dim Shipment / Envoi VOL	Chargeable Weight / Poids facturé	Total Volume / Volume total	FedEx Employee # / N° d'employé FedEx	Audit Employee # / N° d'employé du vérif.
		lbs/lb / kgs/kg	lb./po / cti./cm	Date / M/M/D/J/Y/A	Date / M/M/D/J/Y/A
No. of Pkg / N° de colis	Weight / Poids	Full & Complete Description Of Contents / Description détaillée du contenu	Declared Value For Customs / Valeur déclarée à l'importation	Country Of Manufacture / Pays d'origine	Customs Commodity Code No. (Harmonized Code) / Code de marchandises pour douane (code syst. harmonisé)
			\$10.00 CANADA \$5,284.40.00		
Total Pkg / Total de colis	Total Weight / Poids total	Total Declared Value For Carriage / Valeur déclarée pour le transport	Total Declared Value For Customs / Valeur déclarée à l'importation	Specify Currency / Spécifier la devise	Received At / Réception
				<input type="checkbox"/> Regular Stop / Arrêt régulier <input type="checkbox"/> On-Call Stop / Arrêt sur demande	<input type="checkbox"/> Drop Box / Boîte à colis <input type="checkbox"/> BAC/CO <input type="checkbox"/> Station / Succ.

You hereby agree to the conditions on the back of this Non-Negotiable Air Waybill. You warrant that the information contained on this Air Waybill is true and correct. The Warsaw Convention may apply to this shipment and limit our liability for damage, loss or delay. Our maximum liability for damage or loss is limited to \$100 per shipment or U.S. \$5.00 per pound (U.S. \$20.00 per kilo) whichever is greater, and our liability for delay is limited to a refund of your transportation charges or the maximum liability for damage or loss, whichever is greater. However, you may declare a higher value, all in accordance with the terms in the reverse of this Air Waybill.

Received Above Shipment in Good Order And Condition We Agree To Pay All Charges Including Customs Duties And Taxes As Applicable And To The Conditions Of Contract As Stated On The Reverse Of The Consignee Copy.  
L'envoi ci-dessus a été reçu en bonne condition. Nous acceptons de payer tous les frais, y compris les frais de douane et les taxes selon le cas, et acceptons les conditions du contrat telles qu'épénuées à l'endroit de la copie du destinataire.

11-24-93

MAILED TO:

NORDION INTERNATIONAL, INC.

110 RICK HALL

447 MARCH ROAD

KOB BUILDING DOOR 67

KANATA, ONTARIO

CANADA K2K 1X8

1223

United States Nuclear Regulatory Commission  
License Fee & Debt Collection Notice

Notice Date  
=====

Invoice Number  
=====

11/22/93

AM01311-93

DELINQUENT NOTICE

WINDHAM OB/GYN ASSOCIATES, P.C.  
ATTN: RADIATION SAFETY OFFICER  
195 CANAL STREET  
BRATTLEBORO, VT 05301--

AM01311-93 Lic. # 44-28239-01

08/21/93 Original Invoiced Amount \$	5,220.00
Accumulated Interest @ 4.0%	53.20
Administrative Cost	40.00
Penalty Amount @ 6.0%	79.79
Payment (s)	0.00
Total Amount Due \$	5,392.99

Make Checks Payable To:

=====

U.S. Nuclear Regulatory Commission  
License Fee & Debt Collection Branch  
PO Box 954514  
St. Louis, MO 63195-4514

<==== This PO Box address is for  
<==== receipt of payments only.

>

Nonpayment of your fee may result in the  
Revocation of your License in accordance with the enforcement  
provisions of the Commissions regulations.

PAYMENT COPY

To ensure accurate credit, return this copy of the Notice with your payment.  
Processing may be delayed if this Notice is not included.

Note

12/3/93

Gentlemen—  
We notified you by certified mail  
on 10/13/93 that we no longer want to be  
licensed. We no longer have any  
radio active material which requires  
licensing. Please update your files.  
C. J. ...

United States Nuclear Regulatory Commission  
License Fee & Debt Collection Notice

Notice Date

=====

09/21/93

Invoice Number

=====

AM01311-93

S E C O N D   N O T I C E

WINDHAM OB/GYN ASSOCIATES, P.C.  
ATTN: RADIATION SAFETY OFFICER  
195 CANAL STREET  
BRATTLEBORO, VT 05301--

AM01311-93    Lic. # 44-28239-01

08/21/93	Original Invoiced Amount \$	5,220.00
	Accumulated Interest @ 4.0%	17.73
	Administrative Cost	20.00

Payment(s) 0.00

Total Amount Due \$ 5,257.73

03030669

Make Checks Payable To:

=====

U.S. Nuclear Regulatory Commission  
License Fee & Debt Collection Branch  
PC Box 954514  
St. Louis, MO 63195-4514

<=== This PO Box address is for  
<=== receipt of payments only.

Nonpayment of your fee may result in the  
Revocation of your License in accordance with the enforcement  
provisions of the Commissions regulations.

L I C E N S E E   C O P Y

Please note:

Due to the huge increase in  
 fees charged we will <sup>not</sup> be renewing  
 our license. The <sup>fund</sup> amount will be returned  
 to the supplier in Canada and we will  
 not have any radioactive material on  
 site

Thank you  
 Evan Cunningham

Postmarked  
10/13/93

566 470

### Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

US Nuclear Reg Comm	
Post and No. 0.60934514	
State and ZIP Code St. Louis MO. 63195	
Weight	\$ .29
Postage Fee	1. -
Registered Delivery Fee	
Special Delivery Fee	
Date Received Showing Whom & Date Delivered	1. -
Date Receipt Showing to Whom, etc., and Addressee's Address	
TEAL Postage Fees	\$ 2.29
Remark or Date	10/13/93

PS Form 3811, December 1984 U.S. G.P.O. 1982-307-630

**SENDER:**  
 1. Complete items 1 and 2 for additional postage.  
 2. Complete items 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

3. Article Addressed to: US Nuclear Reg Comm, P.O. Box 934514, St. Louis, MO 63195

4a. Article Number: P-87756614

4b. Service Type:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

5. Signature (Addressee): [Signature]

6. Signature (Agent): [Signature]

7. Date of Delivery: OCT 13 1993

8. Addressee's Address (Only if requested and fee is paid):

PS Form 3811, December 1984 U.S. G.P.O. 1982-307-630 **DOMESTIC RETURN RECEIPT**

UNITED STATES POSTAL SERVICE

Official Business

Penalty for Private Use to Avoid Payment of Postage, \$300

Print your name, address and ZIP Code here:  
 Winona, MN 55901  
 Otter, Jim Carrasquez  
 195 Canal St  
 Brattleboro, VT 05301