

<p>NRC FORM 314 16-89 10 CFR 20.26 (2)(1)(1)(2) 10 CFR 40.42 (2)(1)(1)(a) 10 CFR 70.36 (2)(1)(1)(a)</p>	<p>U.S. NUCLEAR REGULATORY COMMISSION</p> <h3 style="margin: 0;">CERTIFICATE OF DISPOSITION OF MATERIALS</h3>	<p>APPROVED BY OMB 3150-0028 EXPIRES 4/30/97</p> <p><small>ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST IS 15 MINS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE RECORDS AND REPORTS MANAGEMENT BRANCH (P-630), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555, AND TO THE PAPERWORK REDUCTION PROJECT (3160-0028), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.</small></p>		
<p>INSTRUCTIONS: SEND THE COMPLETED CERTIFICATE TO THE NRC OFFICE SPECIFIED ON THE REVERSE. <small>(All items MUST be completed—print or type)</small></p>				
<p>LICENSEE NAME AND ADDRESS</p> <p style="font-size: 1.2em;">Poplar Bluff Hospital 215 Oak Street Poplar Bluff, Missouri 63901</p>		<p>LICENSE NUMBER</p> <p style="font-size: 1.2em;">24-06924-03</p> <hr/> <p>LICENSE EXPIRATION DATE</p> <p style="font-size: 1.2em;">APRIL 30, 1990</p>		
<p>THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT: <small>(Check and/or complete the appropriate items below.)</small></p>				
<p>A. MATERIALS DATA <small>(Check one and complete as necessary)</small></p>				
<p><input type="checkbox"/> 1. NO MATERIALS HAVE EVER BEEN PROCURED OR POSSESSED BY THE LICENSEE UNDER THIS LICENSE.</p> <p>OR</p> <p><input checked="" type="checkbox"/> 2. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER. <small>(If additional space is needed, use the reverse side or provide attachments.)</small></p> <p style="font-size: 0.8em;">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.</p> <p style="font-size: 0.8em;">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.</p> <p style="font-size: 1.1em;">TRANSFERRED TO <u>B-RAY Equipment Company</u> <u>5/83/90</u> (SEE ATTACHED) <u>TEXAS LICENSE #TX-5-1485</u></p> <p style="font-size: 0.8em;">If materials were disposed of directly by the licensee rather than transferred to another licensee, licensed disposal site, site contractor, direct by the specific disposal procedures (e.g., decay in storage).</p>				
<p>B. OTHER DATA</p>				
<p><input type="checkbox"/> 1. OUR LICENSE HAS NOT YET EXPIRED, PLEASE TERMINATE IT.</p> <p><input type="checkbox"/> 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? <small>(Check one)</small></p> <p style="font-size: 0.8em;"> <input type="checkbox"/> NO <small>(Attach explanation)</small> <input checked="" type="checkbox"/> YES, THE RESULTS <small>(Check one)</small> <input checked="" type="checkbox"/> ARE ATTACHED, OR <input type="checkbox"/> WERE FORWARDED TO NRC ON <small>(Date)</small> </p> <p><input type="checkbox"/> 3. THE PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM</p> <table style="width:100%; border: none;"> <tr> <td style="width:70%; border: none;"> <p style="font-size: 0.8em;">NAME</p> <p style="font-size: 1.1em;">R. Harold Galbraith, Physicist</p> </td> <td style="width:30%; border: none;"> <p style="font-size: 0.8em;">TELEPHONE NUMBER</p> <p style="font-size: 1.1em;">615-553-4616</p> </td> </tr> </table> <p><input type="checkbox"/> 4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO</p> <p style="font-size: 1.1em;">Hospital Financial Corporation 1539 Lake Shore Drive Twin Lakes, Wisconsin 53181 ATTN: Will J. Lepeska</p>			<p style="font-size: 0.8em;">NAME</p> <p style="font-size: 1.1em;">R. Harold Galbraith, Physicist</p>	<p style="font-size: 0.8em;">TELEPHONE NUMBER</p> <p style="font-size: 1.1em;">615-553-4616</p>
<p style="font-size: 0.8em;">NAME</p> <p style="font-size: 1.1em;">R. Harold Galbraith, Physicist</p>	<p style="font-size: 0.8em;">TELEPHONE NUMBER</p> <p style="font-size: 1.1em;">615-553-4616</p>			
<p>CERTIFYING OFFICIAL</p>				
<p>I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.</p>				
<p style="font-size: 0.8em;">SIGNATURE</p> <p style="font-size: 1.5em;">X Will J. Lepeska</p>	<p style="font-size: 0.8em;">DATE</p>			
<p style="font-size: 0.8em;">PRINTED NAME AND TITLE</p> <p style="font-size: 1.1em;">Will J. Lepeska, President, Hospital Financial Corporation</p>				
<p>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.</p>				

NRC FORM 314 16-89

901140143 901105
 REG 3 LIC 30
 24-06924-03 FDC

<p>NRC FORM 314 (6-89) 10 CFR 30.36(d)(1)(iv) 10 CFR 40.42(d)(1)(iv) 10 CFR 70.36(d)(1)(iv)</p>	<p>U.S. NUCLEAR REGULATORY COMMISSION</p> <h3 style="margin: 0;">CERTIFICATE OF DISPOSITION OF MATERIALS</h3>	<p>APPROVED BY OMB 3150-0076 EXPIRES 4/30/92</p> <p><small>ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST IS 4 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATES TO THE RECORDS AND REPORTS MANAGEMENT BRANCH (P-80), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0076), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503</small></p>		
<p>INSTRUCTIONS: SEND THE COMPLETED CERTIFICATE TO THE NRC OFFICE SPECIFIED ON THE REVERSE. <small>(All items MUST be completed—print or type)</small></p>				
<p>LICENSEE NAME AND ADDRESS</p> <p style="font-size: 1.2em;"><i>Poplar Bluff Hospital</i> <i>215 Oak Street</i> <i>Poplar Bluff, Missouri 63901</i></p>	<p>LICENSE NUMBER</p> <p style="font-size: 1.2em;"><i>24-26924-04</i></p>	<p>LICENSE EXPIRATION DATE</p> <p style="font-size: 1.2em;"><i>December 30, 1989</i></p>		
<p>THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT: <small>(Check and/or complete the appropriate item(s) below.)</small></p>				
<p>A. MATERIALS DATA <small>(Check one and complete as necessary)</small></p>				
<p><input type="checkbox"/> 1. NO MATERIALS HAVE EVER BEEN PROCURED OR POSSESSED BY THE LICENSEE UNDER THIS LICENSE.</p> <p>OR</p> <p><input checked="" type="checkbox"/> 2. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER. <small>(If additional space is needed, use the reverse side or provide attachments.)</small></p> <p style="margin-left: 20px;"><small>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.</small></p> <p style="margin-left: 20px;"><i>All inventoried material transferred to ADO SERVICES, INC., Tinky Aet, Illinois, for disposal under generator #NIR 99-004-4133 Aug. 1, 1990</i></p> <p style="margin-left: 20px;"><small>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.</small></p> <p style="margin-left: 20px;"><i>Manifest NO. 90-1249 ON 9/20/90</i></p> <p style="margin-left: 20px;"><small>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).</small></p>				
<p>B. OTHER DATA</p>				
<p><input type="checkbox"/> 1. OUR LICENSE HAS NOT YET EXPIRED; PLEASE TERMINATE IT.</p> <p><input type="checkbox"/> 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? <small>(Check one)</small></p> <p style="margin-left: 20px;"><input type="checkbox"/> NO <small>(Attach explanation)</small></p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> YES, THE RESULTS <small>(Check one)</small></p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> ARE ATTACHED, OR</p> <p style="margin-left: 40px;"><input type="checkbox"/> WERE FORWARDED TO NRC ON <small>(Date)</small></p>				
<p>3. THE PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM</p> <table style="width:100%; border: none;"> <tr> <td style="width:70%; border: none;"> <p><small>NAME</small></p> <p style="font-size: 1.1em;"><i>R. Harold Galbraith, Physicist</i></p> </td> <td style="width:30%; border: none;"> <p><small>TELEPHONE NUMBER</small></p> <p style="font-size: 1.1em;"><i>615-553-4616</i></p> </td> </tr> </table>			<p><small>NAME</small></p> <p style="font-size: 1.1em;"><i>R. Harold Galbraith, Physicist</i></p>	<p><small>TELEPHONE NUMBER</small></p> <p style="font-size: 1.1em;"><i>615-553-4616</i></p>
<p><small>NAME</small></p> <p style="font-size: 1.1em;"><i>R. Harold Galbraith, Physicist</i></p>	<p><small>TELEPHONE NUMBER</small></p> <p style="font-size: 1.1em;"><i>615-553-4616</i></p>			
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<p>I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.</p>				
<p><small>SIGNATURE</small></p> <p style="font-size: 1.5em;"><i>Will J. Lepeska</i></p>	<p><small>DATE</small></p>			
<p><small>PRINTED NAME AND TITLE</small></p> <p style="font-size: 1.2em;"><i>Will J. Lepeska, President Hospital Financial Corporation</i></p>				
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RADIOACTIVE SOURCE INVENTORY

RADIUM: (Radium 226)

Two (2) needles of 5 mgm each. Each about 3 cm length.

Three (3) 25 uCi Tracerlab sources used for instrument checks.

COBALT 60 :

One (1) source contained in the head of a Theratron, Jr. teletherapy unit. This source is indicated to be 495 Curies on August 5, 1970.

Eleven (11) wires or needles in an assortment of cut lengths. The total activity listed as 22 mCi.

STRONTIUM 90:

One (1) strontium applicator, 55 mCi in March, 1964.

UNKNOWN SOURCE:

This is a beta source used as a check source for Geiger counters.

RADIOACTIVE SOURCE INVENTORY

RADIUM: (Radium 226)

Two (2) needles of 5 mgm each. Each about 3 cm length.

Three (3) 25 uCi Trace lab sources used for instrument checks.

COBALT 60 :

One (1) source contained in the head of a Theratron, Jr. teletherapy unit. This source is indicated to be 435 Curies on August 5, 1970.

Eleven (11) wires or needles in an assortment of cut lengths. The total activity listed as 22 mCi.

STRONTIUM 90:

One (1) strontium applicator, 55 mCi in March, 1964.

UNKNOWN SOURCE:

This is a beta source used as a check source for Geiger counters.

Addendum:

*Five (5) needles (TUBES) of Cesium-137 (3M)
Total Activity of 150 mCi.*

AKT. 11/2/90

W. Harold Gelhardt

SURVEY FOLLOWING TELE THERAPY SOURCE REMOVAL AND TOTAL UNIT
REMOVAL

DATE: 5/23/90

Source was removed on 5/23/90 and transferred to X-ray Equipment Company. Attached leak test was performed with source drawer removed and in transport container. The empty drawer had no removable contamination above expected background type (less than 3 dpm) readings. Actual dpm were less than 3 dpm removable.

After the source was safely in the transport container the remaining machine was surveyed with the Model 480 survey meter and no readings were obtained above expected background values.

Survey completed 5/23/90



R. Harold Galbraith, M.S.

ABR Certified Physicist

SURVEY FOLLOWING PICK UP OF REMAINING RADIOACTIVE MATERIAL

A general, but extensive survey was made using the Model 450P UR survey meter s/n 1053. This survey showed no readings above 0.04 mR/hr and this was primarily due to the building structure itself. No readings were noticed in the areas around the source locations.

Wipe test samples were taken of the floor area around storage box, the lead safe (inside) and inside the storage box itself and the results are shown below:

Floor area : 0.7 $\times 10^{-6}$ μ Ci removable

Lead safe (inside): 1.0 $\times 10^{-6}$ μ Ci removable

Inside Storage Box: 0.7 $\times 10^{-6}$ μ Ci removable

Inside storage box: 0.6 $\times 10^{-6}$ μ Ci removable


R. Harold Galbraith, M.S.

ABR Certified Physicist

X-RAY EQUIPMENT COMPANY

P.O. Box 2431
Fort Worth, Texas 76113-2431
(817) 429-5099

THIS IS TO CERTIFY THAT A COBALT-60 SOURCE:

MODEL NUMBER: US NUCLEAR
SERIAL NUMBER: NONE FOUND
CONTAINING 495 CURIES AS OF AUG 5, 1970

AND WHICH HAS BEEN DETERMINED BY WIPE TEST TO BE LEAK FREE, HAS BEEN REMOVED FROM A THERAPY UNIT DESCRIBED AS FOLLOWS:

MANUFACTURER:
MODEL NUMBER:
SERIAL NUMBER:

AND IS HEREBY TRANSFERRED FROM:

POPLAR BLUFF HOSPITAL (HOSP FIN CORP)
2ND & OAK STS
POPLAR BLUFF MO

LICENSE NUMBER: _____

TO: X-RAY EQUIPMENT COMPANY
P.O. BOX 2431
FORT WORTH, TEXAS 76113-2431 TX. R.A.M. LICENSE #TX-5-1485

Arnold Gilliland
for Hospital Financial Corp
DATE: 5/23/90

X-RAY EQUIPMENT CO
Fred R...
DATE: 5-23-90

10:35 FAX 9028 2811
Box 7246
Louisville, Kentucky 40267-0246
502/426-7180

ATTN: HAROLD GALBREATH

USEcology

an American Ecology company

Radiation Oncology

Will Lapeska
HOSPITAL FINANCIAL CORP
1530 Lakeshore Drive
Twin Lakes WI 53181

August 01, 1990

Generator # WIR 99-004-6133

Dear Generator:

We have received and processed your radioactive waste generator registration and have assigned the above generator identification number for you to use in identifying shipments of radioactive waste offered for disposal at our Beatty, Nevada or Richland, Washington facilities.

Please use this generator number on the US Ecology "Radioactive Waste Shipment and Disposal Form" for all future shipments. This number should only be used for shipments of waste generated at the facility address indicated above.

Your generator profile as maintained on our computer system currently shows the following key information:

County: Racine
Business: SIC 6351 SURETY INSURANCE
User Permits: Beatty: Q455
Richland: None
License: US Nuclear Regulatory Commission
Telephone: (414) 877-3631
(414) 877-3631 After Hours
Expected Volume: 10 Cubic Feet/Year
Broker: ADCO Services, Inc.

Should any of this information be incorrect, or should it change, please notify one of our customer service representatives at our toll-free number: (800) 626-2317.

Sincerely,

Peggy Thompson

Peggy Thompson
Business Development Group

Shipper No. 901249

Carrier No. 27496

ADCOM EXPRESS, INC.

Date 9/20/90

TO: ADCO SERVICES, INC. <small>On Collect on delivery shipments, the letters "COD" must appear before consignee's name & or as otherwise provided in Item 430, Sec. 1.</small>	FROM: POPLAR BLUFF ESP. <small>Shipper</small>
Street: 17650 DUVAN DRIVE	FOR ACCOUNT OF ADCO SERVICES, INC.
Destination: PIDGEE PARK, IL. Zip Code: 60477	Origin: POPLAR BLUFF MO.

No. of Units & Container Type	MM	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.502, 172.203)	UN or NAJ	TOTAL QUANTITY (Weight, Volume, Gallons, etc.)	WEIGHT (Subject to Correction)	RATE	CHARGES (For Carrier Use Only)
1/56AL 1/56AL 3/56AL	X	RADIOACTIVE MATERIAL N.O.S. radioactive material	UN 2982	2000ea 150 150	150 150		
TOTAL WEIGHT:					300		
EXCLUSIVE USE: TO BE LOADED BY CONSIGNOR AND UNLOADED BY CONSIGNEE							
EMERGENCY PHONE NUMBERS:							
H. HUBER 8:30 am to 4:30 pm 312/429-1650 after 4:30 pm 312/614-1409							
EMERGENCY PROCEDURES ATTACHED							

PLACARDS TENDERED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		REMIT C.O.D. TO ADDRESS:
Note - Should the rate be collect on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding	I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled, and are in all respects in proper condition for transport by ADCOM EXPRESS, INC. (NOTE: NON APPLICABLE IF MODE OF TRANSPORT) according to applicable international and national governmental regulations.	COD Amt: \$
Signature: <i>[Signature]</i>		C.O.D. FEE: PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> \$
Signature: <i>[Signature]</i>		TOTAL CHARGES: \$
Signature: <i>[Signature]</i>		FREIGHT CHARGES: <input type="checkbox"/>

SHIPPER: ADCO SERVICES, INC. PER: <i>[Signature]</i>	CARRIER: ADCOM EXPRESS, INC. PER: <i>[Signature]</i>
Permanent post-office address of shipper:	DATE: <u>9-20-90</u>

ADCO SERVICES, INC.

P.O. BOX 1129 • TINLEY PARK, ILLINOIS 60477 • 708/429-1660

Customer POPLAR BLUFF HSP. / POPLAR BLF HO Pick up date 9/20/90
 Dept. _____ Manifest # 90-1249

Items Picked up

____ ea. ____ Gal. Dry Wash
 ____ ea. ____ Gal. Abs. Liquid (Aqueous)
 ____ ea. ____ Gal. Vials (Dereg)
 ____ ea. ____ Gal. Vials (Rad.)
 ____ ea. ____ Gal. Animal Carcasses
 ____ ea. Other: 1x8 } disinfected surfaces
3x5

Items Delivered

____ ea. 55 Gal. _____ ea. Floor Dry
 ____ ea. 30 Gal. _____ ea. Super Fine
 Other: _____ ea. Lime
 _____ ea. Lg. _____ ea. Sm.

Customer Signature Paul Brown
 Adco Signature [Signature]
 Arrival Time _____
 Departure Time _____