

Waterbury Hospital

Waterbury HEALTH

June 19, 2025

Kelli Trotter, Health Physicist
U. S. Nuclear Regulatory Commission
Medical and Licensing Assistance Branch
Division of Radiological Safety and Security
Region I

SUBJECT: PROSPECT WATERBURY, INC. D/B/A THE WATERBURY HOSPITAL, REQUEST
FOR ADDITIONAL INFORMATION, MAIL CONTROL NO. 646984

Dear Kelli Trotter;

This is in reference to your letter dated June 3, 2025, requesting clarifying information to amend NRC License No. 06-02406-01.

- 1.) Regarding the removal of the authorized licensed material, we are requesting to remove the authorization for any byproduct material permitted by 10 CFR 35.500 under our license. And we acknowledge that the authorization will also be removed from the authorized users.
- 2.) The documentation of the sealed sources removed by Chase Environmental Group, Inc. is attached

If you require any additional information, please contact our Radiation Safety Officer, William J. Roch. Mr. Roch can be reached via email: broch@biomedphysics.com

Respectfully,



Marc Brunetti
Sr. Vice President and Chief Operating Officer
Waterbury Hospital

License No. 06-02406-01
Docket No. 030-01251
Mail Control No. 646984



Eckert & Ziegler
Isotope Products

Medical Imaging Laboratory

24937 Avenue Tibbitts Valencia, California 91355
Tel 661-309-1010 Fax 661-257-8303

Industrial Gauging Laboratory and Medical Imaging Laboratory

1800 North Keystone Street Burbank, California 91504
Tel 661-309-1010 Fax 661-257-8303

Handwritten signature

GADOLINIUM-153 TRANSMISSION LINE SOURCE PERFORMANCE EVALUATION SHEET

NUCLIDE: Gd-153
CATALOG No.: NES8412

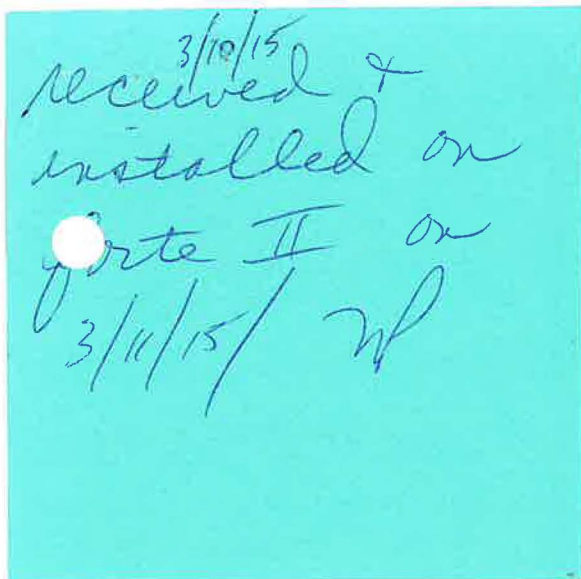
QUANTITY: 2
REFERENCE DATE: 1 Mar 15

SERIAL NUMBER	ACTIVITY
M2 - 929	250 mCi (9.25 GBq)
M2 - 930	250 mCi (9.25 GBq)

SOURCE EMISSION UNIFORMITY

The line source was scanned along its length in 1.0-centimeter segments. The integral of non-uniformity (INU) of the source was determined to be less than 10%.

***LEAK TEST INFORMATION IS ON THE REVERSE SIDE**



LAB BOOK-PAGE: 1810 - 01

Handwritten signature | 2-Mar-15
SIGNATURE | DATE

ISO 13485 CERTIFIED



Authorized Representative

Eckert & Ziegler Nuclitec GmbH
Tel: +49 (0) 5307 9320

Gieselweg 1 38110 Braunschweig
Fax: +49 (0) 5307 932 293

Germany

CE
0123



PACKING SLIP



Eckert & Ziegler Isotope Products,
24937 Avenue Tibbitts
Valencia, CA 91355

Order No	Date	Page No
264689	3/5/2015	1 of 1

Customer P/O Number	Shipment Number
6000335829	

Tel (661) 309-1010
Fax (661) 257-8303

Bill to:
Philips Medical Systems, N.A.
818 SW 3rd Avenue, Box #12
Portland, OR 97204
United States

Shipped To
Waterbury Hospital Health Center
Scott Eisenman 203-410-8137
64 Robbins Street
Waterbury, CT 06721
United States

Tracking number

Customer No	Ship Date	Ship via	Delivery terms	Ship Carrier#	Shipping Instructions
PHIMED03	3/5/2015	Fed Exp P1	Collect FOB:O	2333 2344 6	

Item number	Description	Unit	Delivered	Ordered	Remaining quantity
Kit item: PHL-Forte Kit: Kit_081 Kit ID: LID_02029383					
PHL-Forte	Philips-Attenuation Correction Rod Kit. For Philips Forte (and other Philips Cameras)	Ea	1.000	1.000	Line no. : 1.0
NES8412	CE Mark2:Gd-153 250mCi(9.25GBq)per Line Source,Nominal,+20%/-10% Philips Medical Part # 9896-057-0071	Ea	2.000	2.000	Line no. : 1.0
Quantity : 1.00 Serial number : M2-929 Quantity : 1.00 Serial number : M2-930					
078410	LEAD STORAGE CONT. Gd-153 22" Dupont drawing B003025 Philips Medical Part # 9896-057-0010	Ea	3.000	3.000	Line no. : 1.0

Receipt: _____

NRC FORM 340 (5-1990)

**UNIFORM LOW-LEVEL RADIOACTIVE
WASTE MANIFEST
CONTAINER AND WASTE DESCRIPTION**

1. MANIFEST TOTALS

2. MANIFEST NUMBER

NUMBER OF PACKAGES	NET WASTE VOL. m3/g3	NET WASTE WGHT kg	SPECIAL NUCLEAR MATERIAL (grams)			
			U-233	U-235	Pu	TOTAL
2	0.079		NP	NP	NP	NP
	2.8					
ACTIVITY (MBq/mCi)						SOURCE (kg)
ALL NUCLIDES		TRITIUM	C-14	Tc-99	I-129	
8.71E+02 MBq		NP	NP	NP	NP	
2.35E+01 mCi						NP

AL-2021-310

3.
PAGE 1 OF 1 PAGE(S)4. SHIPPER NAME
Chase Environmental GroupSHIPPER ID NUMBER
NA

DISPOSAL CONTAINER DESCRIPTION

WASTE DESCRIPTION FOR EACH WASTE TYPE IN CONTAINER

5. CONTAINER IDENTIFICATION NUMBER/ GENERATOR NUMBER	6. CONTAINER DESCRIPTION (See Note 1)	7. VOLUME (m3)	8. WASTE AND CONTAINER WEIGHT (kg)	9. SURFACE RADIATION LEVEL _X_ uSv/hr ___ mSv/hr	10. SURFACE CONTAMINATION MBq/100 cm2		11. WASTE DESCRIPTOR (See Note 2)		12. Approximate WASTE VOLUME(S) IN CONTAINER (m3)		13. SORBENT SOLIDIFICATION STABILIZATION MEDIA (See Note 3)		14. CHEMICAL DESCRIPTION CHEMICAL FORM / CHELATING AGENT		15. RADIOLOGICAL DESCRIPTION INDIVIDUAL RADIONUCLIDES AND ACTIVITY (MBq) AND CONTAINER TOTAL: OR CONTAINER TOTAL ACTIVITY AND RADIONUCLIDE PERCENT		16. WASTE CLASS AS-A STABLE AL-A UNSTABLE B-CLASS B C-CLASS C
					ALPHA	BETA- GAMMA											
AL-SS-W-21-347 0228	19 Shielded Case	0.022			<3.67E-6	<3.67E-5	36	0.022	100	Oxide/NP	NP	Co-57	8.14E+00	2.20E-01			NA
												Package total	8.14E+00	2.20E-01			
AL-SS-W-21-348 0228	4	0.057			<3.67E-6	<3.67E-5	36	0.057	100	Oxide/NP	NP	Co-57	1.98E+02	5.34E+00			NA
												Gd-153	6.65E+02	1.80E+01			
												Package total	8.63E+02	2.33E+01			

NOTE 1: Container Description Codes. For containers/
waste requiring disposal in approved structural overpacks,
the numerical code must be followed by "OP".

- | | |
|-------------------------------|--|
| 1. Wooden Box or Crate | 9. Demineralizer |
| 2. Metal Box | 10. Gas Cylinder |
| 3. Plastic Drum or Pail | 11. Bulk, Unpackaged Waste |
| 4. Metal Drum or Pail | 12. Unpackaged Components |
| 5. Metal Tank or Liner | 13. High Integrity Container |
| 6. Concrete Tank or Liner | 18. Other. describe in Item 6,
or additional page |
| 7. Polyethylene Tank or Liner | |
| 8. Fiberglass Tank or Liner | |

Note 2: Waste Descriptor Codes. (Choose up to three which predominate by volume.)

- | | | |
|-------------------------------|----------------------------------|---|
| 20. Charcoal | 29. Demolition Rubble | 38. Evaporator Bottoms/Sludges/
Concentrates |
| 21. Incinerator Ash | 30. Cation Ion Exchange Media | 39. Compactible Trash |
| 22. Soil | 31. Anion Ion Exchange Media | 40. Noncompactible Trash |
| 23. Gas | 32. Mixed Bed Ion Exchange Media | 41. Animal Carcass |
| 24. Oil | 33. Contaminated Equipment | 42. Biological Material (Except
Animal Carcass) |
| 25. Aqueous Liquid | 34. Organic Liquid (Except Oil) | 43. Activated Material |
| 26. Filter Media | 35. Glassware or Labware | 59. Other. Describe in Item 11,
or Additional Page |
| 27. Mechanical Filter | 36. Sealed Source/Device | |
| 28. EPA or State
Hazardous | 37. Paint or Plating | |

Note 3: For solidification media that meet disposal site structural stability requirements, the numerical code must be followed by "-S."

For all solidification media, the vendor (manufacturer) and brand name must also be identified in Item 13. Code 100 = NONE REQUIRED.

- | | | |
|-----------------|-------------------|--|
| Sorption | Solidification | |
| 60. Speed Dri | 66. Florco | 73. Dicapri HP500 |
| 61. Celatom | 67. Florco X | 74. Petroset |
| 62. Floor Dry/ | 68. Solid-A-Sorb | 75. Petroset II |
| Superfine | 69. Chemell 30 | 76. Aquaset |
| 63. Hi Dri | 70. Chemell 50 | 77. Aquaset II |
| 64. Safe-T-Sorb | 71. Chemell 3030 | |
| 65. Safe-N-Dri | 72. Dicapri HP200 | |
| | | 80. Other. Describe
in Item 13, or
additional page |
| | | 90. Cement |
| | | 91. Concrete (Encapsulation) |
| | | 92. Bitumen |
| | | 93. Vinyl Chloride |
| | | 94. Vinyl Ester Styrene |
| | | 99. Other. Describe in Item 13,
or Additional Page |
| | | 100. None
Required |

UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST

MANIFEST INDEX AND REGIONAL COMPACT TABULATION

List all original "PROCESSED WASTE" before "COLLECTED WASTE".

1. WASTE COLLECTOR/PROCESSOR

NAME

Chase Environmental Group, Inc.

IDENTIFICATION NUMBER

T-KY003-L21

SHIPPING DATE

11/23/2021

SHIPPER USE ONLY

2. MANIFEST NUMBER

AL-2021-310

3. PAGE 1 OF 1 PAGE(S)

4. GENERATOR IDENTIFICATION NUMBER	5. GENERATOR NAME PERMIT NUMBER AND TELEPHONE NUMBER	6. GENERATOR FACILITY ADDRESS	7. PREPROCESSED WASTE (OR MATERIAL) VOLUME (m3)	8. MANIFEST NUMBER UNDER WHICH WASTE (OR MATERIAL) RECEIVED AND DATE OF RECEIPT	9. WASTE CODE P-PROCESSED C-COLLECTED	10. ORIGINATING COMPACT OR STATE	11. AS PROCESSED/COLLECTED TOTAL			
							A. SOURCE MATERIAL (kg)	B. SNM (g)	C. ACTIVITY (MBq)	D. VOLUME (m3)
0228	Waterbury Hospital	64 Robbins Waterbury, CT 06708	0.079	NA	C	CT	NP	NP	8.71E+02	0.079
TOTALS OF ALL PAGES (NRC FORMS 542 AND 542A)							0.00E+00	0.00E+00	8.71E+02	7.90E-02



GENERATOR AUTHORIZATION

DATE: 11/23/2021

NAME OF ORIGINAL GENERATOR: Waterbury Hospital

Authorizes

NAME OF BROKER/PROCESSOR: Alaron Nuclear Services

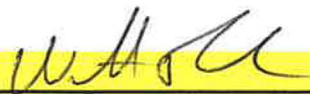
To be our Broker and/or Processor for disposal of our radioactive material and/or sealed sources into the State of Texas Compact Disposal Facility in Andrews, Texas, operated by Waste Control Specialists, LLC. By signing this Generator Authorization, the Generator is also verifying that there is no waste of international origin contained in this shipment.

**NAME OF AUTHORIZED
ORIGINAL GENERATOR
REPRESENTATIVE:** Ervina Seferi

TITLE: Lead Nuc-Med Tech

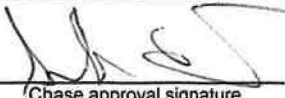
MAILING ADDRESS: 64 Robbins St.
Waterbury, CT 06708

SIGNATURE:

 RSO

Request For Shipment of Sealed Sources to Alaron

WI-VE-1109-051.1

Source Details	Source 1	Source 2	Source 3	Source 4
1. Radionuclide	Multiple			
2. Total activity Specify Units (TBq or Ci) to right	See Attached Inventory			
3. Reference date for activity (date manufactured) mm/dd/yyyy	See Attached Inventory			
4. Decay corrected activity on shipment date	See Attached Inventory			
5. Source manufacturer (if known)	See Attached Inventory			
6. Source Serial No. / Model No. / Device License No.	See Attached Inventory			
7. Physical Dimensions of Source Specify Units (cm or in) to right	See Attached Inventory			
8. Source mounted in equipment? If yes, attach drawings / photograph or manufacturer & model no.	No			
9. Date of most recent leak test (attach copy of results) mm/dd/yyyy				
10. Source damaged, discolored, leaking, or contaminated? If yes, attach detail	No			
11. Does source have special form approval? If yes, supply copy of certificate	No			
12. Shipper name & address Chase Environmental Group 200 Sam Rayburn Pkwy Lenoir City, TN 37771	13. Shipper contact person Seb Cannata Telephone 860-55-8109	14. Delivering carrier SJ Transportation Co., Inc.	15. Shipment Date mm/dd/yyyy 11/23/2021	16. Estimated delivery date mm/dd/yyyy
17. Source owner company name and address (at source location) Waterbury Hospital 64 Robbins St Waterbury, CT 06708	18. Contact person (at source location) Ervina Seferi Telephone 203-575-5249	19. Number of packages 2 Total weight lbs	Comments	
20. I attest that the above is complete and accurate				
 Printed name of Shipper or Source Owner		 Signature of Shipper or Source Owner		11/23/2021 Date
 Chase approval signature		11/23/2021 Date		 Alaron approval signature
				Date

	A	B	C	D	E	F	G	H	I	J	K
1	Radionuclide	Total Activity (mCi)	Assay date	Decayed activity (mCi)	Serial #, Model #	Dimensions	In Equipment	Leak Test	Damaged	Special Form	
2	Co57		9/1/2019	5.341	2090-29-5/SRV-057-5M	Resin Vial	No	No	No	No	
3	Co57	10.000	8/1/2017	0.22	1960-049/MED3709	Flood Source	No	No	No	No	
4	Gd153	2.500E+02	7/1/2018	8.72	Q6481	Line Source	No	No	No	No	
5	Gd153	250.000	7/1/2018	8.72	Q6482	Line Source	No	No	No	No	
6	Gd153	250.000	3/10/2015	0.267	M2-929	Line Source	No	No	No	No	
7	Gd153	2.50E+02	3/10/2015	0.267	M29-930	Line Source	No	No	No	No	