

July 9, 2025

United States Nuclear Regulatory Commission  
Region III, Materials Licensing  
2443 Warrenville Road, Suite 210  
Lisle, IL 60532-4352

**Subject: Request for additional information – License renewal, Norton Clark Hospital CN645377**

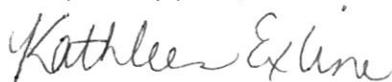
Dear Mr. Matthew Hill,

This letter is the additional information requested from the letter dated July 3, 2025 for the license renewal for the radioactive material license. The list below corresponds to the list of information requested in the letter:

1. a. PET isotopes are not used for procedures at this licensed facility located at 1220 Missouri Avenue, Jeffersonville, IN 47130
1. b. Services provided under 10 CFR 35.300 authorization are on an outpatient basis only. Inpatient procedures will not be performed.
2. Byproduct materials permitted by 10 CFR 31.11 will not be used as this facility. Please remove these from the current license.
3. Please remove Dr. Solankhi from the license as this physician is no longer working at this facility.
4. The Sr-90 source that is listed on the license was in storage for many years. Since the license renewal was completed, this source has been disposed. Please see the attached documentation of the disposal of the source. Please remove this source from the license.

If you have any questions, please contact our Radiation Safety Officer, Jodi Daves, at 502-693-2994, or by email at [jodi.daves@physicsforimaging.com](mailto:jodi.daves@physicsforimaging.com).

Respectfully yours,



Kathleen Exline

Chief Administrative Officer.2



P.O. Box 817 – Kingston, TN 37763 – (865) 220-8501

APRIL 15, 2025

SARAH HUGHES

NORTON CLARK HOSPITAL  
1220 MISSOURI AVE  
JEFFERSONVILLE, IN 47130

Sarah,

As required by 10 CFR Part 20 (Appendix G), this letter is a notification that Bionomics, Inc. has received the shipment recently picked up at your facility on **April 10, 2025**.

Attached you will find a copy of your NRC Form 540 –**0425NC**. The only change from the original is in Item No. 9 “signature” which identifies that Bionomics, Inc. is acknowledging receipt of waste from your facility.

Please keep this with your original, as well as future disposal certifications.

If you have any questions please feel free to contact me at (865) 220-8501.

Sincerely,

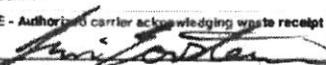
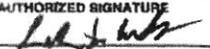
A handwritten signature in black ink, appearing to read 'Jerry Noll', written over a circular scribble.

Jerry Noll  
QA Manager

Cc: File BIO-4-25



APPROVED BY OMB: NO. 3150-0164 Estimated burden per response to comply with this information collection request: 45 minutes. This uniform manifest is required by NRC to meet reporting requirements of Federal and State Agencies for the safe transportation and disposal of low-level waste. Send comments regarding burden estimate to the FOIA, Library, and Information Collections Branch (T-8 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to [infocollections@nrc.gov](mailto:infocollections@nrc.gov), and OMB Reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0164). Also: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, D.C. 20555; e-mail [airs\\_submission@omb.eop.gov](mailto:airs_submission@omb.eop.gov). The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

<b>FORM 540</b> <b>UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST SHIPPING PAPER</b>		<b>5. SHIPPER - NAME AND FACILITY</b> Bionomics, Inc. Norton Clark Hospital 1220 Missouri Ave Jeffersonville, IN 47130		<b>SHIPMENT ID NUMBER</b> 0425OHMI <b>COLLECTOR PROCESSOR</b> X GENERATOR TYPE (Specify) M <b>TELEPHONE NUMBER (include Area Code)</b> (502) 5525454		<b>7. FORM 540 AND 540A PAGE 1 OF 1 PAGE(S)</b> FORM 541 AND 541A NONE PAGE(S) FORM 542 AND 542A NONE PAGE(S) ADDITIONAL INFORMATION NONE PAGE(S)		<b>8. MANIFEST NUMBER</b> (Use this number on all continuation pages) 0425NC			
<b>1. EMERGENCY TELEPHONE NUMBER (include Area Code)</b> (800) 424-9300 <b>ORGANIZATION</b> CHEMTREC / GCN825454		<b>USER PERMIT NUMBER</b> T-TN006-J25 <b>SHIPMENT NUMBER</b> 0425NC		<b>9. CONSIGNEE - Name and Facility Address</b> Bionomics, Inc. Operated By Bionomics, Inc. 1550 Bear Creek Road Oak Ridge, TN 37830		<b>CONTACT</b> John McCormick <b>TELEPHONE NUMBER (include Area Code)</b> (865) 220-8501		<b>SIGNATURE - Authorized consignee acknowledging waste receipt</b>  <b>DATE</b> 4/15/25			
<b>2. IS THIS AN "EXCLUSIVE USE" SHIPMENT?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>3. TOTAL NUMBER OF PACKAGES IDENTIFIED ON THIS MANIFEST</b> 1		<b>6. CARRIER - Name and Address</b> Bionomics, Inc. 1550 Bear Creek Road Oak Ridge, TN 37830 <b>Truck #:</b>  <b>Trailer #:</b>		<b>EPA I.D. NUMBER</b> TND982118493 <b>SHIPPING DATE</b> 04/10/2025 <b>TELEPHONE NUMBER (include Area Code)</b> 865-220-8501		<b>10. CERTIFICATION</b> *This is to certify that the hazardous materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, the Commission, and equivalent state regulations. For materials that are consigned to a land disposal unit or waste collector, this certifies that the materials are classified per the applicable requirements of 10 CFR Part 61, meet the land disposal facility's waste acceptance criteria, and are in proper condition for disposal as described in accordance with the applicable requirements of 10 CFR Parts 20 and 61, or equivalent state regulations. A collector in signing this certification is certifying that nothing has been done to the collected waste which would invalidate the waste generator's certification.			
<b>4. DOES EPA REGULATED WASTE REQUIRING A MANIFEST ACCOMPANY THIS SHIPMENT?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes", provide Manifest Number		<b>EPA MANIFEST NUMBER</b> N/A		<b>CONTACT</b> John McCormick <b>SIGNATURE - Authorized carrier acknowledging waste receipt</b>  <b>DATE</b> 4-10-25		<b>AUTHORIZED SIGNATURE</b>  <b>TITLE</b> McCormick, John <b>DATE</b> 4/10/24					
<b>11. U.S. DEPARTMENT OF TRANSPORTATION DESCRIPTION (including proper shipping name, hazard class, UN ID number, and any additional information)</b>			<b>12. DOT LABEL "RADIOACTIVE"</b> Yellow II	<b>13. TRANSPORT INDEX</b> 0.7	<b>14. PHYSICAL AND CHEMICAL FORM</b> SOLID/OXIDES SR-90		<b>15. INDIVIDUAL RADIONUCLIDES</b>	<b>16. TOTAL PACKAGE ACTIVITY</b> MBq (2.4000E+01)	<b>17. TOTAL WEIGHT OR VOLUME (Use appropriate units)</b> 0.68 B³ 10.00 lb	<b>18. IDENTIFICATION NUMBER OF PACKAGE</b> NC-SS (25-001013)	
<b>FOR CONSIGNEE USE ONLY</b> ___ Record Waste Description Inadequate ___ Contamination or Leakage Detected ___ Unexpected Exposure Rates Detected ___ Labels, Markings, etc. Inadequate ___ Container Integrity Inadequate ___ Other ___ No Violations Detected on this Shipment			<b>20. TERMS AND CONDITIONS</b> A. HAZARDOUS MATERIALS: Generator represents & warrants that Waste Material is not hazardous waste as defined in 49 CFR 261. If it is hazardous waste, this shipment is also accompanied by a separate and completed hazardous waste manifest, along with the appropriate land-disposal restriction notice and/or certification as required by 49 CFR 228.1. B. TITLE: Upon acceptance at the disposal site by EnergySolutions, Inc. and all appropriate regulatory authorities, title to the Waste Material which conforms to Generator's representations herein shall transfer from Generator and be vested in EnergySolutions, Inc. C. WASTE MATERIAL: Generator represents and warrants that all data set forth in this UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST are true and correct in all respects and in accordance with all applicable governmental laws, rules, and regulations and EnergySolutions, Inc.'s facility license. D. INDEMNIFICATION: Generator agrees to indemnify EnergySolutions, Inc. its officers, employees, and agents against all losses and liability whatsoever if such losses or liability result from the failure of the Waste Material to conform to all material respects to the data supplied on the UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST, or if this shipment fails to meet the standards prescribed by the Department of Transportation or any governmental agency having jurisdiction over such matters.								

APPROVED BY OMB: NO. 3150-0164  
EXPIRES: 01/31/2023

Estimated burden per response to comply with this information collection request: 45 minutes. This uniform manifest is required by NRC to meet reporting requirements of Federal and State Agencies for the safe transportation and disposal of low-level waste. Send comments regarding burden estimate to the FOIA, Library, and Information Collections Branch (7-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to [infocollections.Resource@nrc.gov](mailto:infocollections.Resource@nrc.gov), and OMB Reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0164), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, D.C. 20503; e-mail [oina\\_submission@omb.eop.gov](mailto:oina_submission@omb.eop.gov). The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

FORM 540 UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST SHIPPING PAPER		Bionomics, Inc.		5. SHIPPER - NAME AND FACILITY Norton Clark Hospital 1220 Missouri Ave Jeffersonville, IN 47130		SHIPMENT ID NUMBER 0425OHMI		7. FORM 540 AND 540A PAGE 1 OF 1 PAGE(S) <input type="checkbox"/> Electronic FORM 541 AND 541A NONE PAGE(S) <input type="checkbox"/> FORM 542 AND 542A NONE PAGE(S) <input type="checkbox"/> ADDITIONAL INFORMATION NONE PAGE(S) <input type="checkbox"/>		8. MANIFEST NUMBER (Use this number on all continuation pages) 0425NC					
1. EMERGENCY TELEPHONE NUMBER (Include Area Code) (800) 424-9300		USER PERMIT NUMBER T-TN006-J25		SHIPMENT NUMBER 0425NC		X GENERATOR TYPE (Specify) M		9. CONSIGNEE - Name and Facility Address Bionomics, Inc. Operated By Bionomics, Inc. 1550 Bear Creek Road Oak Ridge, TN 37830		CONTACT John McCormick TELEPHONE NUMBER (Include Area Code) (865) 220-8501					
ORGANIZATION CHEMTREC / CCN825454		CONTACT Sarah Hughes		TELEPHONE NUMBER (Include Area Code) (502) 5525454		SIGNATURE - Authorized consignee acknowledging waste receipt		DATE		10. CERTIFICATION <small>This is to certify that the herein-named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, the Commission, and equivalent state regulations. For materials that are consigned to a land disposal facility or waste collector, this certifies that the materials are classified per the applicable requirements of 10 CFR Part 61, meet the land disposal facility's waste acceptance criteria, and are in proper condition for disposal as described in accordance with the applicable requirements of 10 CFR Parts 20 and 61, or equivalent state regulations. A collector in signing the certification is certifying that nothing has been done to the collected waste which would invalidate the waste generator's certification.</small>					
2. IS THIS AN "EXCLUSIVE USE" SHIPMENT? [ ] YES [X] NO		3. TOTAL NUMBER OF PACKAGES IDENTIFIED ON THIS MANIFEST =====> 1		6. CARRIER - Name and Address Bionomics, Inc. 1550 Bear Creek Road Oak Ridge, TN 37830		Truck #: Trailer #:		EPA LD. NUMBER TND982116493		DATE 04/10/2025					
4. DOES EPA REGULATED WASTE REQUIRING A MANIFEST ACCOMPANY THIS SHIPMENT? If "Yes", provide Manifest Number =====>		[ ] YES [X] NO		EPA MANIFEST NUMBER N/A		CONTACT John McCormick		SIGNATURE - Authorized carrier acknowledging waste receipt <i>John McCormick</i>		DATE 4-10-25					
11. U.S. DEPARTMENT OF TRANSPORTATION DESCRIPTION (including proper shipping name, hazard class, UN ID number, and any additional information)		12. DOT LABEL "RADIOACTIVE"		13. TRANSPORT INDEX		14. PHYSICAL AND CHEMICAL FORM		15. INDIVIDUAL RADIONUCLIDES		16. TOTAL PACKAGE ACTIVITY MBq mCi		17. TOTAL WEIGHT OR VOLUME (Use appropriate units)		18. IDENTIFICATION NUMBER OF PACKAGE	
UN2915, RADIOACTIVE MATERIAL, TYPE A PACKAGE NON-SPECIAL FORM, 7 SEALED SOURCES 1 - 5 GAL METAL PAIL		Yellow II		0.1		SOLID/OXIDES		SR-90		8.8800E+02 (2.4000E+01)		0.68 ft <sup>3</sup> 10.00 lb		NC-SS (25-001013)	
FOR CONSIGNEE USE ONLY				20. TERMS AND CONDITIONS A. HAZARDOUS MATERIALS: Generator represents & warrants that Waste Material is (or) is not hazardous waste as defined in 40 CFR 261. Where the material is also accompanied by a separate and completed hazardous waste manifest, along with the appropriate land-disposal restriction notice and/or certification as required by 40 CFR 268.1. B. TITLE: Upon acceptance at the disposal site by EnergySolutions, Inc. and all appropriate regulatory authorities, title to the Waste Material which conforms to Generator's representations herein shall thereupon transfer from Generator and be vested in EnergySolutions, Inc. C. WASTE MATERIAL: Generator represents and warrants that all data set forth in this UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST are true and correct in all respects and in accordance with all applicable governmental laws, rules, and regulations and Envirocare of Utah, Inc.'s facility license. D. INDEMNIFICATION: Generator agrees to indemnify EnergySolutions, Inc., its officers, employees, and agents against all losses and liability whatsoever if such losses or liability results from the failure of the Waste Material to conform in all material respects to the data supplied on the UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST, or if this shipment fails to meet the standards prescribed by the Department of Transportation or any governmental agency having jurisdiction over such matters.											
<ul style="list-style-type: none"> <li>___ Record Waste Description Inadequate</li> <li>___ Contamination or Leakage Detected</li> <li>___ Unexpected Exposure Rates Detected</li> <li>___ Labels, Markings, etc. Inadequate</li> <li>___ Container Integrity Inadequate</li> <li>___ Other</li> <li>___ No Violations Detected on this Shipment</li> </ul>															

FORM 541 <span style="float: right;">Bionomics, Inc.</span>										1. MANIFEST TOTALS										2. MANIFEST NUMBER	
UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST										SPECIAL NUCLEAR MATERIAL (grams)				TOTAL		0425NC					
CONTAINER AND WASTE DESCRIPTION										U-233				U-235		Pu		NP			
Additional Nuclear Regulatory Commission (NRC) Requirements for Control, Transfer and Disposal of Radioactive Waste										NP				NP		NP		NP			
ACTIVITY (MBq/mCl) (LLD UNITS IN uCi/cc)										TRITIUM				C-14		Tc-99		I-129			
ALL NUCLIDES										NP				NP		NP		NP			
SOURCE										NP				NP		NP		NP			
SHIPMENT ID NUMBER										NP				NP		NP		NP			
DISPOSAL CONTAINER DESCRIPTION										WASTE DESCRIPTION FOR EACH WASTE TYPE IN CONTAINER										17. WASTE CLASSIFICATION	
5. CONTAINER IDENTIFICATION NUMBER	6. CONTAINER DESCRIPTION (See Note 1 & 1A)	7. VOLUME m <sup>3</sup> / ft <sup>3</sup>	8. WASTE AND CONTAINER WEIGHT kg / ton	9. WASTE WEIGHT	10. SURFACE RADIATION LEVEL mSv/hr / mrem/hr	11. SURFACE CONTAMINATION		12. WASTE DESCRIPTOR (See Note 2 & Note 2A)	13. APPROXIMATE WASTE VOLUME(S) IN CONTAINER m <sup>3</sup> / ft <sup>3</sup>	14. SOLIDIFICATION OR STABILIZATION MEDIA (See Note 3)	15. CHEMICAL DESCRIPTION CHEMICAL FORM/ CHELATING AGENT	WEIGHT % CHELATING AGENT IF > 0.1%	16. RADIOLOGICAL DESCRIPTION				17. WASTE CLASSIFICATION A5 - Class A Stable AU - Class A Unstable B - Class B C - Class C				
						ALPHA	BETA-GAMMA						INDIVIDUAL RADIONUCLIDES AND ACTIVITY AND CONTAINER TOTAL; OR CONTAINER TOTAL ACTIVITY AND RADIONUCLIDE PERCENT		RADIONUCLIDES	pCi/gm		MBq	mCi		
# - Interpack Container																					
25-001013 (NC-SS)	4	0.0193	4.54	2.73	0.07	< 0.000000334	< 0.0000167	H 36	0.0193	100	SOLID OXIDES / NP	NP	SR-90	8.8185E+06	8.8800E+02	2.4000E+01	B				
Origin: IN Norton Clark Hospital 1220 Missouri Ave Jeffersonville, IN 47130		0.6800	0.01	0.00	7	< 20	< 1000		0.6800				Sub Total	8.8185E+06	8.8800E+02	2.4000E+01					
Package Total														8.8185E+06	8.8800E+02	2.4000E+01					
Shipment Total		0.0193	4.54	2.72											8.8800E+02	2.4000E+01					
		0.6800	0.01	0.00																	

**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	14. Other, Describe in Item 6, or additional page
7. Polyethylene Tank or Liner	
8. Fiberglass Tank or Liner	

**NOTE 1A:** Bulk Packaging Description Codes (Choose one code as may be applicable.)

A Gondola
B Intermodal
C End-dump
D Roll-off
E Seavan

**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. Compressible Trash
22. Soil	31. Anion Ion-exchange Media	40. Non-compressible Trash
23. Gase	32. Mixed Bed Ion-exchange Media	41. Animal Carcass
24. Oil	33. Contaminated Equipment	42. Biological Material (except animal carcasses)
25. Aqueous Liquid	34. Organic Liquid (except oil)	43. Activated Material
26. Filter Media	35. Glassware or Labware	58. Other, Describe in Item 12, or additional page
27. Mechanical Filter	36. Sealed Source/Device	
28. EPA or State Hazardous	37. Paint or Plating	

**NOTE 2A:** Specific Waste Descriptions (Choose all applicable codes.)

G Desalted
H Solid
I Combustible
J Non-combustible
K Air Filtration Fibers
L Asbestos

**NOTE 2B:** Solidification and Stabilization Media Codes. (Choose up to three which predominate by volume.) For media meeting disposal site structural stability requirements, the numerical code must be followed by "-S" and the media vendor and brand name must also be identified in Item 14. Code 100=None Required

95. Cement	94. Vinyl Ester Glyrene
91. Concrete (encapsulation)	99. Other, Describe in Item 14, or additional page
92. Bitumen	100. None Required
93. Vinyl Chloride	

## **Martha Pavon**

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**From:** Matthew Hill  
**Sent:** Wednesday, August 6, 2025 9:50 AM  
**To:** Martha Pavon; Sandy Pavon  
**Cc:** Tammy Tomczak  
**Subject:** Request for ADAMS Document Upload - Norton Clark Hospital CN 645377  
**Attachments:** 645377 Response to RAI 7.9.2025.pdf; 665 645377 Response to RAI 7.9.2025.pdf

Good Morning,

Please find the attached document for uploading to ADAMS.

Thanks

**Matthew Hill**

Health Physicist (Licensing)  
Materials Licensing Branch, RIII  
Work: (630) 829- 9832