

ADDITIONAL NRC LICENSE AMENDMENT INFORMATION

FOR

**RIVERSIDE REGIONAL MEDICAL CENTER
DEPARTMENT OF RADIOLOGY
500 J. CLYDE MORRIS BOULEVARD
NEWPORT NEWS, VIRGINIA 23601**

NRC license number 45-09001-01

63003330

By

**HAROLD PRUSSIA, BS, RTR, QM
RADIATION SAFETY OFFICER
(757) 594-2644**

February 24, 2005

MS-16
J-9

05 MAR -1 19:07

RECEIVED
REGION 1

136194
NMSS/RGNI MATERIALS-002

PURPOSE OF LETTER

This letter is in response to Tara L. Weidner (NRC license reviewer) questions and suggestions concerning our current license. Mail control number 136194

ITEM 6, 7, and 8

- C. Please reduce the maximum amount of I-131 that we may process at any one time from 2 Ci to 1 Ci.
- G. We currently do not need to exceed possession limits of byproduct material permitted by 10CFR31.11. Therefore we will use the General license limits for use of byproduct material for certain in vitro clinical or laboratory testing.
- H. We do not process depleted uranium used for metal shielding. The line item was originally requested as a contingency in case any purchased Linear Accelerator contained depleted uranium for shielding. None of our linear Accelerators have contained depleted uranium. Therefore we no longer need to be licensed to own depleted uranium.

Note: Under license number 45-09001-03 we did own a teletherapy unit that contained depleted uranium. In 1997 the unit and depleted uranium was transferred to a vendor. License was terminated with amendment no 16 Docket or Reference Number 030-10073. Please see attachment H. for copy of "Certificate of Disposition of Materials."

ITEM 10 C Use location:

The HDR room is located inside the main campus at Riverside Regional Medical Center, 500 J. Clyde Morris Boulevard, Newport News, Virginia.

ITEM 12 D. Non-Medical users:

Explanation of non-medical use. We wish to continue allow our Authorized Medical Physicists and Radiation safety officer to use materials in item 6 for non medical uses associated with the performance of radiation protection functions. Some examples of these functions are calibration and testing of radiation detection instruments and barrier transmission studies. Various isotopes are used to determine response and linearity of the instruments. Barrier transmission studies will be performed using up to 3.7 GBq (100 mCi) of Tc-99m.

Our use of Tc-99m for transmission studies was detailed in our amendment request dated December 22, 2000 (Amendment No. 55, Docket No. 030-03330) item 10.16. C.

CONTACT PERSON

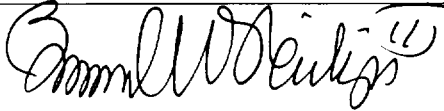
The person to contact with regards to this application is our Radiation Safety Officer, Harold Prussia, B.S. Mr. Prussia can be reached at the Riverside Cancer Treatment Center. He will be responsible for preparing all responses to any questions concerning use of byproduct material. Responses prepared by Mr. Prussia will be submitted to the Facility's certifying official, Grady W. Philips, III, Riverside Regional Medical Center, for review, approval and submission to the NRC.

Telephone number of Harold Prussia is 757-594-2757

CERTIFICATION

THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32,33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

CERTIFYING OFFICER—NAME AND TITLE	SIGNATURE	DATE
GRADY W. PHILIPS, III Senior Vice President - Operations Riverside Regional Medical Center		2/25/05

Appendix H. Disposition of depleted uranium.

FEB. 24. 2005- 3:09PM RIV CANCER SERVICES

NO. 477 P. 1

UNITED STATES
NUCLEAR REGULATORY COMMISSIONREGION II
ATLANTA REGIONAL CENTER
61 FORSYTH STREET, S.W. SUITE 20785
ATLANTA, GEORGIA 30303-3415TO: Leland Kirkland, RSO License No. 45-09001-03
Company Riverside Regional Title Radiation Safety Officer
Fax No. (757) 794-3134 Medical CenterFROM: _____
Nuclear Materials Licensing/Inspection Branch _____
Division of Nuclear Materials Safety
Fax No. (404) 562-4955 Voice (404) 562-4723
Date _____**SUBJECT: YOUR REQUEST FOR TRANSFER OR TERMINATION OF NRC
LICENSE**Please provide the following information, in addition to the NRC Form 314
(Certificate of Disposition of Materials):All records considered important to the safe and effective decommissioning of the
facility, in accordance with 10 CFR 30.35(g), 40.36(f), §70.25(g) and §72.30(d);
and all records concerning public dose and waste disposal, have been transferred
to:☐ 1. Name _____ (Successor)
License No. _____
Address _____
City _____ State _____
Phone () _____ Fax No. () _____
OR☐ 2. US NRC Region II, Nuclear Materials Licensing/Inspection Branch,
Division of Nuclear Materials Safety
OR☒ 3. There is no residual contamination of the facility or environs from licensed
materials.
Signature Leland R. Kirkland RSOPrinted Name and Title Leland R. Kirkland, Radiation Safety OfficerG:\DNMS\FORMS\Term.fax Dec 29 1997 Date

FEB. 24. 2005 3:11PM RIV CANCER SERVICES

DEC 8 '97 15:40. 476 P.01P.

NRC FORM 314 (5-89) 10 CFR 30.20 (h)(1)(ii) 10 CFR 40.43 (b)(1)(ii) 10 CFR 70.26 (h)(1)(ii)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: 3150-0025 OFFICE: 43562	
CERTIFICATE OF DISPOSITION OF MATERIALS					
INSTRUCTIONS: SEND THE COMPLETED CERTIFICATE TO THE NRC OFFICE SPECIFIED ON THE REVERSE.				- (All items MUST be completed - print or type)	
LICENSEE NAME AND ADDRESS Riverside Regional Medical Center Cancer Treatment Center 500 J. Clyde Morris Blvd. Newport News, VA 23601				LICENSE NUMBER 45-09001-03	
				LICENSE EXPIRATION DATE June 30, 2000	
THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT: (Check one for appropriate item(s) below.)					
A. MATERIALS DATA (Check one and complete as necessary)					
<input type="checkbox"/> 1. NO MATERIALS HAVE EVER BEEN PROCURED OR POSSESSED BY THE LICENSEE UNDER THIS LICENSE.					
<input type="checkbox"/> OR					
<input 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. (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. <i>Teletherapy unit with 60Co source and depleted uranium shielding has been transferred to in its entirety to Radiation Therapy Services, 2214 Highway 1187, Mansfield, Texas 76063. No radioactive wastes were generated during transfer.</i>					
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. <i>The teletherapy unit (AECL Model T-780 S/N 415) containing Cobalt Source (S/N S4565) having 7891 curies on 9/9/92) and the depleted uranium shielding (999 kilograms) was transferred to Radiation Therapy Services, 2214 Highway 1187, Mansfield, Texas 76063, on July 25, 1997. This company possess a radioactive material license issued by Texas Department of Health, Bureau of Radiation Control, License Number L01485</i>					
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). <i>N/A</i>					
<input checked="" type="checkbox"/> 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)					
<input type="checkbox"/> NO (Attach explanation)					
<input checked="" type="checkbox"/> YES, THE RESULTS (Check one)					
<input checked="" type="checkbox"/> ARE ATTACHED, OR <i>None detectable</i>					
<input type="checkbox"/> WERE FORWARDED TO NRC OR (Date)					
3. THE PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM					
NAME Leland R. Kirkland, RSO				TELEPHONE NUMBER 757-594-2757	
4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO Leland R. Kirkland, RSO					
CERTIFYING OFFICIAL					
I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.					
SIGNATURE <i>Leland R. Kirkland</i>				DATE <i>Dec 29 1997</i>	
PRINTED NAME AND TITLE Leland R. Kirkland, Radiation Safety Officer					
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.					