

21st Century Oncology
Radiation Therapy Services, Inc.

August 17th, 2006

Regional Administrator
Region I
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406-1415

Br. 2

04009025

RE: License SUB-1561
220 Sunset Rd
Willingboro, NJ 08046-1126

To Whom It May Concern:

At this point we would like to request the termination of the above-referenced license since our facility is not longer in possession of Depleted Uranium. The Varian 6/100 Linear Accelerator s/n 178 was removed and placed under NRC License SUB 1590. Find enclosed a copy of New Jersey Department of Environmental Protection "Machine Disposition Form" along with NRC Form 314 "Certificate of Disposition of Materials".

Should you any question, please feel free to contact me at 239-768-7377.

Sincerely

Daniel H. Galmarini, DABR
Director of Physics.

2006 AUG 29 PM 1:18

RECEIVED
REGION 1

139338

NMSS/RGNI MATERIALS-002

CERTIFICATE OF DISPOSITION OF MATERIALS

Estimated burden per response to comply with this mandatory collection request: 30 minutes. This submittal is used by NRC as part of the basis for its determination that the facility is released for unrestricted use. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to infocollections@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEQ8-10202, (3150-0028), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

LICENSEE NAME AND ADDRESS

21st Century Oncology, Inc.
220 Sunset Road
Willingboro, NJ 08046

LICENSE NUMBER

SUB-1561

DOCKET NUMBER

LICENSE EXPIRATION DATE

- ☐ This license has expired. ☒ **A. LICENSE STATUS (Check the appropriate box)**
This license has not yet expired; please terminate it.

B. DISPOSAL OF RADIOACTIVE MATERIAL

(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)

The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:

- ☐ 1. No radioactive materials have ever been procured or possessed by the licensee under this license.
- ☒ 2. All activities authorized by this license have ceased, and all radioactive materials procured and/or possessed by the licensee under this license number cited above have been disposed of in the following manner:
- ☒ a. Transfer of radioactive material: to the licensee listed below:
SUB-1560 Oncology Service International
850 Airport Road Lakewood, NJ 08701
- ☐ b. Disposal of radioactive material:
- ☐ 1. Directly by the licensee:
- ☐ 2. By licensed disposal site:
- ☐ 3. By waste contractor:
- ☐ c. All radioactive materials have been removed such that any remaining residual radioactivity is within the limits of 10 CFR Part 20, Subpart E, and is ALARA.

C. SURVEYS PERFORMED AND REPORTED

- ☒ 1. A radiation survey was conducted by the licensee. The survey confirms:
- ☒ a. the absence of licensed radioactive materials
- ☐ b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.
- ☒ 2. A copy of the radiation survey results: The Depleted Uranium (part of the Varian Clinac 6/100 s/n 178) was fully transferred with the unit.
- ☐ a. Is attached; or ☒ b. is not attached (Provide explanation); or ☐ c. was forwarded to NRC on: _____ Date _____
- ☐ 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and
- ☐ a. The results of the latest leak test are attached; and/or ☐ b. No leaking sources have ever been identified.

The person to be contacted regarding the information provided on this form:

NAME	TITLE	TELEPHONE (Include Area Code)	E-MAIL ADDRESS
Daniel H. Ga'marini, DABR	Director of Physics	(239) 763-7377	dga'marini@rtx.com

Mail all future correspondence regarding this license to:
12165 Metro Pkwy Ste. 19-B Fort Myers, FL 33986

C. CERTIFYING OFFICIAL

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

PRINTED NAME AND TITLE

David Koeniglar, CFO

SIGNATURE

DATE

8/23/06

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 RESPECT. 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.



MACHINE DISPOSITION FORM

INSTRUCTIONS: Complete all information indicated on this form.

Owner/representative must sign at bottom.

Form must be completed within 30 days of change to comply with N.J.A.C. 7:28-3.9(a,b)

FACILITY NAME 21st Century Oncology
ADDRESS 220 Sunset Rd Suite Four Willingboro, NJ 08046
FACILITY NUMBER 11.1.1.5.2.21

REGISTRATION NUMBER	DATE OF DISPOSAL	DISPOSITION	MODEL #	SERIAL #
<u>205275</u>	<u>010505</u>	<u>4</u>	<u>Varian 6100</u>	<u>178</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

DISPOSITION" means the change in status of a radiation producing machine.

Please place one of the codes listed below, which best describes the status of your radiation producing machine, in the disposition column.

DISPOSITION CODES

1. Sold, traded, or donated to a person, company, facility or organization. Indicate name and address below.
2. Moved to a second office; same owner. Indicate address below.
3. Junked.
4. Moved out of state.
5. Stored; deactivated; not in use.

If 1 or 2 above is used, indicate name and/or address below.

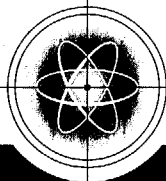
Lynn M Benitez
Owner/Representative Signature

7/14/05
Date

BUREAU USE ONLY

BRH Representative

Date



21st Century Oncology

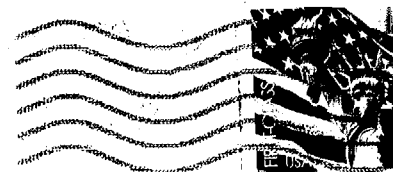
Radiation Therapy Services, Inc.

15 Metro Parkway, Suite 19-B Fort Myers, FL 33966

Return Service Requested

FORT MYERS FL 339

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Regional Administrator
Region I
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475 Allendale Road
King of Prussia, PA 19406-1415

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