

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Equine Veterinary Associates **License No.:** 25-27771-01
Docket No.: 030-36547 **Mail Control No.:** 471109
Type of Action: Term **Date of Requested Action:** 08-31-06
Reviewer Assigned: **ARM reviewer(s):** Torres

Response	Deficiencies Noted During Acceptance Review
	<input type="checkbox"/> Open ended possession limits. Limit possession. Submit inventory. <input type="checkbox"/> Submit copies of most recent leak test results. <input type="checkbox"/> Add - delete IC license condition. Add IC paragraph in cover letter. <input type="checkbox"/> Split license from cover letter. Add SUNSI marking to license. <input type="checkbox"/> Ask the licensee if they have any type-amount of EPAct Material.

Reviewer's Initials: _____ **Date:** _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unrestricted release Group 2 or >: Transfer memo to FCDB within 10 days.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Decommissioning notification should be completed within 30 days.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Termination request < 90 days from date of expiration
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	TAR needed to complete action.

Branch Chief's and/or Sr. HP's Initials: _____ **Date:** _____

SUNSI Screening according to RIS 2005-31

☐ Yes ☒ No **Non-Publicly Available, Sensitive** if any item below is checked

General guidance:

- _____ RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
- _____ Exact location of RAM (whether = or > than Category 3 or not)
- _____ Design of structure and/or equipment (site specific)
- _____ Information on nearby facilities
- _____ Detailed design drawings and/or performance information
- _____ Emergency planning and/or fire protection systems

Specific guidance for medical, industrial and academic (above Category 3):

- _____ RAM quantities and inventory
- _____ Manufacturer's name and model number of sealed sources & devices
- _____ Site drawings with exact location of RAM, description of facility
- _____ RAM security program information (locks, alarms, etc.)
- _____ Emergency Plan specifics (routes to/from RAM, response to security events)
- _____ Vulnerability/security assessment/accident-safety analysis/risk assess
- _____ Mailing lists related to security response

Branch Chief's and/or Sr. HP's Initials: *RT* **Date:** 9-11-06

Pre-Licensing Screening

Applicant Information:

Control No. 471109

Name: Equine Veterinary Associates	Type of Request: Term Program Code(s):
Location: MT	License No.: 25-27771-01 Docket No.: 030-36547

STEP 1—Radioactive Materials and Quantities Requested:

Instructions for Step 1: Complete Step 1 for all applications. If all your responses in Step 1 are "No" then do not complete Step 2 (Screening Criteria). Sign and date the completed step-sheet and add it as the sensitive and non-publicly available OAR in ADAMS. If a "yes" response is indicated for any item in Step 1, also complete Step 2. If the type of use is subject to a Security Order or the requirements for increased controls, complete Step 3 (Item A or Item B) without delay.	Yes or No
A. The request is from a new applicant.	N
B. NUREG-1556, Volume 20, Section 4.9 indicates a licensing site visit is needed for the requested type of use, e.g., (1) Type A broad scope license, (2) panoramic irradiator containing > 10000 curies, (3) manufacturers or distributors using unsealed radioactive material or significant quantities of sealed material, (4) radioactive waste brokers, (5) radioactive waste incinerators, (6) commercial nuclear laundries, and (7) any other application that in the judgement of the reviewer and cognizant supervisor involves complex technical issues, complex safety questions, or unprecedented issues that warrant a site visit.	N
C. The applicant requested certain radionuclides and quantities that equal or exceed the Risk Significant Quantity (TBq) values in the table, below, that have been "highlighted" by the reviewer	N

Table of Risk Significant Quantities

(Category 2 Quantities, IAEA Safety Guide No. RS-G-1.9, Categorization of Radioactive Sources, August 2005)


Radionuclide	Risk Significant Quantity (TBq) ¹	Risk Significant Quantity (Ci) ¹	Radionuclide	Risk Significant Quantity (TBq) ¹	Risk Significant Quantity (Ci) ¹
Am-241	0.6	16	Pm-147	400	11,000
Am-241/Be	0.6	16	Pu-238	0.6	16
Cf-252	0.2	5.4	Pu-239/Be	0.6	16
Cm-244	0.5	14	Ra-226 ²	0.4	11
Co-60	0.3	8.1	Se-75	2	54
Cs-137	1	27	Sr-90 (Y-90)	10	270
Gd-153	10	270	Tm-170	200	5,400
Ir-192	0.8	22	Yb-169	3	81

¹ The primary values are TBq. The curie (Ci) values are for informational purposes only.

² The Atomic Energy Act, as amended by the Energy Policy Act of 2005, authorizes NRC to regulate Ra-226 and NRC is in the process of amending its regulations for discrete sources of Ra-226.

Calculations of the Total Activity or the Unity Rule are attached to document whether or not the screening criteria in Step 2 were also completed to evaluate the application. NOTE—If an amendment of an existing license is being requested, the calculations will include the previously authorized quantities for the radionuclide(s).	Yes, No, or Not Applicable (NA)
Total Activity—multiple activities are requested for a single radionuclide and the sum of the activities equals or exceeds the quantity of concern for the radionuclide	N
Unity Rule—multiple radionuclides are requested and the sum of the ratios equals or exceeds unity, e.g., [(total activity for radionuclide A) ÷ (risk significant quantity for radionuclide A)] + [(total activity for radionuclide B) ÷ (risk significant quantity for radionuclide B)] ≥ 1.0.	N

Signature and Date for Step 1:

 9-11-06
License Reviewer and Date

TARLOW STONECIPHER & STEELE, PLLC**ATTORNEYS**

JOHN H. TARLOW
TOM W. STONECIPHER
RALPH W. STEELE
BRIDGET WHITE leFEVER
KELLIE A. MORTON
MATTHEW G. MONFORTON

1705 WEST COLLEGE STREET
BOZEMAN, MONTANA 59715-4913
PHONE: (406) 586-9714
FAX: (406) 586-9720

FACSIMILE TRANSMISSION

The information contained in this facsimile is confidential. It is intended only for the use of the individual or entity to whom it is addressed. If you are not the addressee, you are hereby notified that the reading or any use, dissemination, distribution or copying of this communication is strictly prohibited. If you have received the facsimile in error, please immediately notify us by telephone (call collect), and return the original message to us.

RWC

TO: Rachel Browder

COMPANY: Nuclear Regulatory Commission

FACSIMILE NO.: (817) 860-8188

FROM: Ralph W. Steele

RE: Certificate of Disposition of Materials
Equine Veterinary Associates

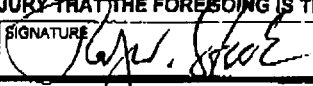
DATE: August 31, 2006

NO. OF PAGES: 3
(INCLUDING COVER SHEET)

MESSAGE:

Please find attached the finalized and signed Certificate of Disposition of Materials. Should you have any questions or need any further information, please feel free to call. I would like to take this time to thank you for your assistance and cooperation in getting this matter completed.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS FAX, PLEASE CALL
AMANDA, NIKKI, NICOLE, CHERYL, JANE OR GINNY AT (406) 586-9714.

NRC FORM 314 (6-2004) 10 CFR 30.380(i); 40.420(i); 70.380(i); and 72.540(i)		U.S. NUCLEAR REGULATORY COMMISSION APPROVED BY OMB: NO. 3160-0028 EXPIRES: 06/30/2007 <small>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 infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-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.</small>	
CERTIFICATE OF DISPOSITION OF MATERIALS			
LICENSEE NAME AND ADDRESS Equine Veterinary Associates David E. Catlin, DVM (deceased) 40 Buckskin Road Belgrade, MT 59714		LICENSE NUMBER 25-27771-01	DOCKET NUMBER 03036547
		LICENSE EXPIRATION DATE 05/31/2014	
A. LICENSE STATUS (Check the appropriate box) <input type="checkbox"/> This license has expired. <input checked="" type="checkbox"/> This license has not yet expired; please terminate it.			
B. DISPOSAL OF RADIOACTIVE MATERIAL <i>(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)</i>			
The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:			
<input type="checkbox"/> 1. No radioactive materials have ever been procured or possessed by the licensee under this license.			
<input checked="" type="checkbox"/> 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.			
<input type="checkbox"/> a. Transfer of radioactive materials to the licensee listed below:			
<input checked="" type="checkbox"/> b. Disposal of radioactive materials:			
<input checked="" type="checkbox"/> 1. Directly by the licensee: <small>Licensee died 12/30/05. No materials greater than 10 half-lives (or 60 hours) on the premises since on or before 12/30/05. Any materials dispensed of directly by licensee and any materials destroyed were more than 10 half-lives in duration.</small>			
<input type="checkbox"/> 2. By licensed disposal site:			
<input type="checkbox"/> 3. By waste contractor:			
<input checked="" type="checkbox"/> 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			
<input type="checkbox"/> 1. A radiation survey was conducted by the licensee. The survey confirms:			
<input type="checkbox"/> a. the absence of licensed radioactive materials			
<input type="checkbox"/> b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.			
<input checked="" type="checkbox"/> 2. A copy of the radiation survey results:			
<input type="checkbox"/> a. is attached; or <input checked="" type="checkbox"/> b. is not attached (Provide explanation); or <input type="checkbox"/> c. was forwarded to NRC on: _____ Date _____			
<input type="checkbox"/> 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and			
<input type="checkbox"/> a. The results of the latest leak test are attached; and/or <input type="checkbox"/> b. No leaking sources have ever been identified.			
The person to be contacted regarding the information provided on this form:			
NAME Ralph W. Steele	TITLE Attorney for Laura Z. Catlin, Pers. Rep.	TELEPHONE (Include Area Code) (406) 586-6714	E-MAIL ADDRESS rsteele@lawmt.com
Mail all future correspondence regarding this license to:			
C. CERTIFYING OFFICIAL I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT			
PRINTED NAME AND TITLE Ralph W. Steele, Attorney for Pers. Rep.		SIGNATURE 	DATE 8-31-06
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.			

**Attachment to Certificate of Disposition of Materials
License Number 25-27771-01**

Explanation for Section C.2.b.

Dr. David E. Catlin was the sole and exclusive licensee under License No. 25-27771-01. Dr. Catlin died on December 30, 2005. There have been no tests of any kind performed at the site location since prior to Dr. Catlin's death. There have been no materials, including TC-99, ordered or received at the site since prior to December 30, 2005. The nuclear scintigraphy device itself is being sold and transferred to another recipient as soon as reasonably possible and anticipated not to be in excess of three months.

9-12-06

DATE

This is to acknowledge the receipt of your letter/application dated 8-31-06, and to inform you that the initial processing, which includes an acceptance review, has been performed.

☒ There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card:

The action you requested is normally processed in 90 days.

☐ A copy of your action has been forwarded to the NRC Office of the Chief Financial Officer, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 471109.

When you call to inquire about this action, please refer to this mail control number.

You may call me at 817-860-8103.

Sincerely,

Colleen Murnahan
Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LEMS USE)
INFORMATION FROM LTS

Program Code: 02400
Status Code: 0
Fee Category: 3P
Exp. Date: 20140531
Fee Comments:
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: EQUINE VETERINARY ASSOCIATES
Received Date: 20060831
Docket No: 3036547
Control No.: 471109
License No.: 25-27771-01
Action Type: Termination

2. FEE ATTACHED

Amount: 7
Check No.: 7

3. COMMENTS

Signed Allen M. Mendenhall
Date 9-6-06

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / __/)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License _____

3. OTHER

Signed _____
Date _____