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*Promoting and protecting the health of the public and the environment.*

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June 23, 2005

Dan Berkley  
RSO  
Uniontown Hospital  
500 West Berkeley Street  
Uniontown, PA 15401

37-05371-02  
03003048

Q-3  
MS-16

Dear Mr. Berkley:

Enclosed is your S.C. Radioactive Waste Transport Permit No. 5139-37-05-Y which is effective until December 31, 2005.

All prior notification forms filed with the Department and shipping documents accompanying radioactive waste shipments into or within South Carolina should have your permit number indicated on them.

Due to coverage as an additional insured under Adco Services policy, the transportation of waste into or within South Carolina will be restricted to this collector.

It is also advisable to assure waste shipped to the Barnwell facility complies with their license conditions and acceptance criteria.

Should you have any questions concerning your permit or the transportation of radioactive waste in the State of South Carolina, please do not hesitate to contact our office at (803) 896-4240.

Very truly yours,

Kim Clyburn, Program Coordinator  
Division of Waste Management  
Bureau of Land & Waste Management

Enclosure

cc: Becky Cepicka, Adco Services

140734  
NMSS/RGNI MATERIALS-002





# South Carolina Radioactive Waste Transport Permit

Pursuant to Act No. 429 of 1980, the South Carolina Radioactive Waste Transportation and Disposal Act, a Radioactive Waste Transport Permit is hereby issued to the below-named applicant (shipper). This Permit shall not, in itself, be construed as authorizing a shipper to dispose of radioactive waste within the state of South Carolina. This Permit shall not be transferred, assigned or in any manner disposed of, either voluntarily or involuntarily, directly, or indirectly, through transfer of control to any person, unless the Department shall, after securing full information, find the transfer is in accordance with the provisions of Act No. 429 and shall give written consent.

1. **Name and Address of Applicant:**

Uniontown Hospital  
500 West Berkeley Street  
Uniontown, PA 15401

2.

**Permit Number:**

5139-37-05

**Type:**

☐ Non Restricted

☐ X

☒ Restricted

☒ Y

☐ Z

3.

**Expiration Date:**

December 31, 2005

**Restricted**

Transportation of Waste into or within the State of South Carolina is restricted to the collector/processor services of Adco Services.

June 23, 2005

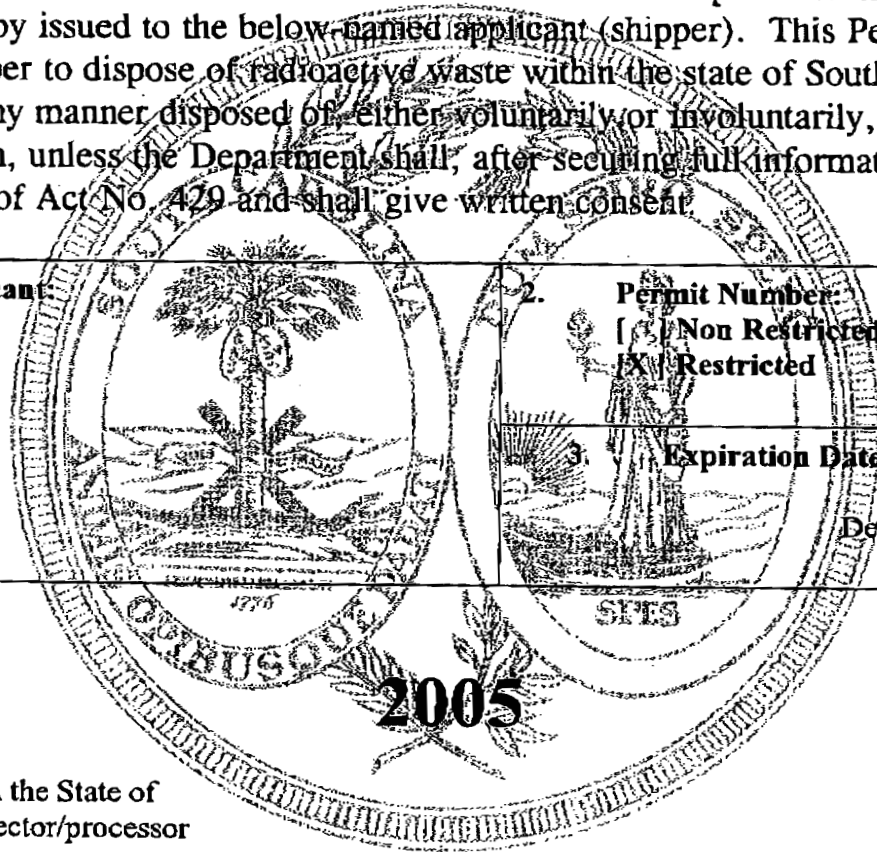
Date of Issuance

For the South Carolina Department of Health  
and Environmental Control

By

*Henry J. Porter*

Henry J. Porter, Assistant Director  
Division of Waste Management







Application for Radioactive Waste Transport Permit  
Division of Radioactive Waste Management

1. Name and Address of Applicant:

Uniontown Hospital  
Att. Janice Curry  
500 West Berkeley Street  
Uniontown, PA 15401

2. Person Responsible for Radioactive Waste Shipments:

- a) Name: Dan Berkley  
b) Title: RSO  
c) Address: 59 Shearer St. Greenburg  
d) Telephone: PA. 15601 (724-832-4276)  
e) E-mail address: dberkley@westmoreland.org

Additional location:

3. Total Estimated Annual Cubic Footage to be transported for disposal, storage, or processing.

4. Type of Permit and Amount of Fee Remittal: (check appropriately)

- ☐ New (First Time Permit)  
☐ Renewal (Indicate Previous Permit No.): \_\_\_\_\_  
☒ For Calendar Year 2005

A. Class Types (check one only)

- ☐ CLASS X - \$1500.00: More than an annual total of 75 cubic ft., or more than 100 curies of radioactive waste for disposal, storage, or waste processing within the State.
- ☒ CLASS Y - \$200.00: An annual total of no more than 75 cubic ft. of radioactive waste for disposal, storage, or waste processing within the State.
- ☐ CLASS Z - \$100.00: Any shipment of radioactive waste which is not consigned for disposal, storage, or waste processing within the State, but is transported into or within the State.

B. Transport Purpose: (check more than one if necessary)

- ☒ Disposal ☐ Storage ☐ Processing ☐ Radiopharmaceutical Waste Return  
☐ Other (Identify): \_\_\_\_\_

Amount Remitted: (\$ 200.00 )

5. Name & address permit should be mailed to if different than Item 2:

Uniontown Hospital  
Att. Jan Curry, 500 West Berkeley Street  
Uniontown, Pa. 15401

6. Complete Waste Description:

Sealed Sources

7. List 95% of Total Prominent Radionuclides:

Cs-137

8. Total Estimated Annual Radioactivity (Curies):

275

9. Name and Address of Authorized Waste Collector(s) if used:

ADCO Services, Inc.  
17650 Duval Drive  
Tinley Park, IL 60477

10. Name and Address of Transport Carrier if other than Collector:

ADCOM Express, Inc  
17650 Duval Drive  
Tinley Park, IL 60477



Transport Permit Application Continued

Information to be Submitted as Attachment

11. A Certificate of Liability Insurance issued to the generator shall be submitted as evidence of financial ability to protect the State of South Carolina and the public at large from possible radiological injury or damage due to packaging, transportation, disposal, storage or delivery of radioactive waste. For those applicants not maintaining liability insurance, they must deposit and maintain with the Department a cash or corporate surety bond in the amount of Five Hundred Thousand Dollars (\$500,000.00). Failure to submit a current certificate or bond will result in processing delays.

Type Financial Evidence Provided

- ☐ Certificate of Liability Insurance  
☒ Insurance Provided by Waste Collector Agreement (Attach Letter of Agreement)  
☐ Bond (Corporate Surety, Cash)  
☐ Letter of Credit  
☐ Federal Indemnification Certificate  
☐ Other (Specify)

Certification

12. In compliance with Act 429 of 1980, the South Carolina Radioactive Waste Transportation and Disposal Act, and Department Regulation 61-83, I hereby certify on behalf of the named applicant to the South Carolina Department of Health and Environmental Control that: (A) the named applicant will comply fully with all applicable laws and administrative rules and regulations, both State and Federal, and any disposal facility radioactive material license requirements and criteria regarding the packaging, transportation, storage, disposal and delivery of such wastes; (B) the named applicant will hold the State of South Carolina harmless for all claims, actions, proceedings in law or equity arising out of radiological injury or damages to persons or property occurring during the transportation of its radioactive waste into or within the State including all costs defending same; **provided**, however, that nothing contained herein shall be construed as a waiver of the State's sovereign immunity; (C) the named applicant has current copies of the DHEC Reg. 61-83 for the Transportation of Radioactive Waste into or within the State of South Carolina, DOT Regulations 49 CFR Parts 171-179 and, when applicable, the disposal site radioactive material license and the disposal site waste acceptance criteria; (D) the named applicant has prepared this application to conform with South Carolina Department of Health and Environmental Control's Regulations for Transportation of Radioactive Waste into or within South Carolina, and that all information contained herein, including any required supplements attached hereto, is true and correct to the best of my knowledge and belief.

Date:

June 10, 2005

Signature:

Janice M. Curry

Janice Curry, Director, Risk Management

Typed Name and Title





**ADCO SERVICES, INC.**

P.O. BOX 1129

TINLEY PARK, IL 60477

RECEIVED

JUL 21 2005

**Invoice**

DATE	INVOICE #
7/18/2005	2005-2682

<b>BILL TO</b>
UNIONTOWN HOSPITAL ATTN: JAN CURRIE 500 W. BERKELEY STREET UNIONTOWN, PA 15401

<b>PICK-UP LOCATION / CONTACT</b>
UNIONTOWN HOSPITAL ATTN: JAN CURRIE 500 W. BERKELEY STREET UNIONTOWN, PA 15401

P.O. NUMBER	TERMS	DUE DATE	FEIN #	ACCOUNT #	
	Net 30	8/18/2005	36-2652895	61070	
SERVICED	DESCRIPTION	TRACKING #	QUANTITY	RATE	AMOUNT
7/11/2005	DISPOSAL SEALED SOURCE/10-GAL. SECURITY AND INSURANCE SURCHARGE SOUTH CAROLINA WASTE TRANSPORT PERMIT	05-0253 S	1 1	2,131.25 5.00% 200.00	2,131.25 106.56 200.00
THANK YOU FOR YOUR PAYMENT			<b>Subtotal</b> \$2,437.81		
			<b>Sales Tax (0.0%)</b> \$0.00		
			<b>TOTAL DUE</b> \$2,437.81		

**TERMS:** This account is subject to finance charges of 1 1/2% per month (18% annum) of the unpaid balance, when the invoice becomes 30 days past due with a minimum finance charge of \$5.00. Account will be placed for collection when the invoice becomes 60 days past due and will be subject to an additional \$25.00 collections fee. If any collection action is necessary we agree to pay Adco Services, Inc. all of the costs in this collection, including, but not by way of limitation, attorney's fees, filing and service fees and court costs, whether or not the action proceeds to judgement and collection charges.

WWW.ADCOSERVICES.COM



05-0253 S

<b>FORM 540</b> <b>UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST</b> <b>SHIPPING PAPER</b>		<b>ADCO SERVICES, INC.</b> 6. SHIPPER - NAME AND FACILITY URBONTOWN HOSPITAL 901 W. BERKELEY URBONTOWN, PA 15681		SHIPMENT ID NUMBER 61070 <input checked="" type="checkbox"/> COLLECTOR PROCESSOR GENERATOR TYPE (Required) TELEPHONE NUMBER (Include Area Code) 724-438-4601		7. FORM 540 AND DATA FORM 541 AND DATA FORM 542 AND DATA ADDITIONAL INFORMATION PAGE 1 OF 1 PAGE(S) None More PAGE(S)		8. MANIFEST NUMBER (See 545 number on all information pages) 05-0253 S	
1. EMERGENCY TELEPHONE NUMBER 724-438-4601 (724) 438-5711		9. PERMIT NA		SHIPMENT NUMBER NA-210 S		10. CONSIGNEE - Name and Facility Address ADCO SERVICES, INC. 17650 DUVAN DRIVE TINLEY PARK, IL 60477		CONTACT LEN WARDIANY TELEPHONE NUMBER (Include Area Code) 708-429-1660	
ORGANIZATION URBONTOWN HOSPITAL		3. TOTAL NUMBER OF PACKAGES IDENTIFIED ON THIS MANIFEST 1		4. CARRIER - Name and Address ADCO SERVICES, INC. 17650 DUVAN DRIVE TINLEY PARK, IL 60477		EPA ID NUMBER ILD 047307 P04		SIGNATURE - Authorized carrier representative (print name) DATE 7/11/05	
2. IS THIS AN "EXCLUSIVE USE" SHIPMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		5. EPA MANIFEST NUMBER NA		CONTACT BILL HORN		TELEPHONE NUMBER (Include Area Code) 724-438-3013		DATE 7/11/05	
11. DOES EPA REGULATED WASTE REQUIRE A MANIFEST ACCOMPANY THIS SHIPMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		12. DOT LABEL "RADIOACTIVE"		13. TRANSPORT INDEX 5		14. PHYSICAL AND CHEMICAL FORM Solid SEALED SOURCES		15. INDIVIDUAL RADIOACTIVITY MBq 1.5170E+04 2.7500E+02	
16. U.S. DEPARTMENT OF TRANSPORTATION DESCRIPTION (including proper shipping name, hazard class, UN ID number, and any additional information) Radioactive Material, Type A Package, 7, UN 2819 ERG6163		17. DOT LABEL "RADIOACTIVE"		18. TOTAL WEIGHT OR VOLUME (See instructions on page 1) 36 LBS; 1.4 FT <sup>3</sup>		19. TOTAL WEIGHT OR VOLUME (See instructions on page 1) 36 LBS; 1.4 FT <sup>3</sup>		20. CERTIFICATION I hereby certify that the information furnished on this manifest is true and correct to the best of my knowledge and belief, and that I am duly qualified to perform the duties required by this regulation.	
FOR CONSIGNEE USE ONLY		20. Other applicable information: - Customer requested and requires that all data on form in this Uniform Low-Level Radioactive Manifest be true and correct in all respects. - Packages listed as "Limited Quantity of Radioactive Material" on this manifest conform to the conditions and limitations specified in 49 CFR 173.401 for radioactive material, excepted package-limited quantity of material UN2810. - Packages listed as "Low-Level Radioactive Material" on this manifest are classified in accordance with 49 CFR 173.402 (Exemption of Radioactive Material). These materials must not be transported in a freight car. PLAC-POSTERED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							



Additional Nuclear Regulatory Commission (NRC) Requirements for Control, Transfer and Disposal of Radioactive Waste

NUMBER OF PACKAGES AND/OR TOTAL CONTAINERS		NET WASTE VOLUME	NET WASTE WEIGHT	C-MANIFEST TOTALS				2. MANIFEST NUMBER 05-0223 S
				SPECIAL NUCLEAR MATERIAL (S/NM)				
				U-233	U-235	Pu	TOTAL	3. PAGE 1 OF 1 PAGE(S)
1		0.0398 lb	11.3389 lb	NP	NP	NP	NP	
		1.4000 lb	25.0000 lb					
		ACTIVITY					SOURCE	SHIPMENT ID NUMBER 61070
		ALL NUCLEIDS	TRITIUM	C-14	Tr-232	M-23		
MDg		1.017E+04	NP	NP	NP	NP	(C-26) NA	
MD		3.7E+02	NP	NP	NP	NP	(C-26) NA	

[illegible]

**NOTE:** Container Description Codes are found below items requiring disposal in approved structural waste, while the numerical code must be followed by "COP".

1. Wooden Box or Crate	8. Dismantlebar
2. Metal Box	9. Gas Cylinder
3. Plastic Drum or Pail	10. Bulk Unlabeled Waste
4. Metal Drum or Pail	11. Unusable Component
5. Metal Tank or Line	12. High Pressure Container
6. Corrosive Tank or Line	13. Other, Indicate in Item 5,
7. Noncorrosive Tank or Line	or additional page.
8. Refrigerant Tank or Line	

Notes: (A) Barrels Specific Container Description  
Coffee. (Choose one made as they are applicable.)

- A High Integrity Container - Poly
- B High Integrity Container - Poly with Steel Shell
- C High Integrity Drum Overpack - Poly
- D High Integrity Container - Stainless Steel
- E High Integrity Container - Fiberglass
- F Inner, Steel

NOTE 2: Waste Descriptor Codes. (Check up to three which predominate by volume.)

20. Divalent	28. Derivations Poetics	36. Dye-uptake Bacteria/Algae
21. Indicator Ash	30. Cation Ion-exchange Media	37. Conspicuous
22. Gall	31. Anion Ion-exchange Media	38. Compositae Trash
23. Sex	32. Mixture Ion-exchange Media	39. Non-compositae Trash
24. Oil	33. Concentrated Equivalents	41. Animal Carcass
25. Aqueous Liquid	34. Organic Liquid (accept oil)	42. Biological Material (accept animal carcass)
26. Filter Media	35. Glucosides or Lactones	43. Activated (hydro)
27. Medically Finger	36. Stained Stain-removal	44. Other: Describe in Part 1.
28. Oil or Glaze	37. Point of Reading	

Note 2A: [Reserved] Specific  
Waiver Description for Garden  
[Choose all applicable codes]

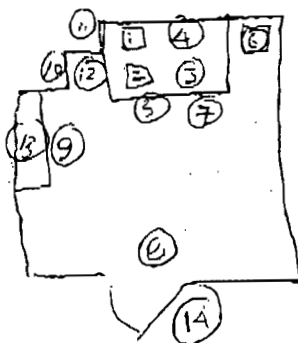
Model 2: Capitalization and Serials with Words  
Today, (Chicago 14 10 1994) when I was in the  
by value, for more than 10 years, I have  
structurally, I have been in the same place  
and must be followed by a comma and the  
year and brand name, for example, the  
to be used in the same way.

Note 3A: Barium chloride  
Solidification and  
Stabilization Media Culture  
(Change this color if  
...)



Decommissioning the Brachytherapy Hot Lab  
 "B" Level Uniontown Hospital 8/16/05  
 Source Return 7/11/05 Meter Model 3 Cal 3/1/05

Location	Wipe Test (dpm)	Survey (mr/hr)
1 Safe	-20	0.03
2 L- Block	-33	0.03
3 Front Counter Top	-26	0.03
4 Back Counter Top	-20	0.03
5 Loading Table	-20	0.03
6 Transport Pig	-52	0.03
7 Floor	-20	0.03
8 Floor Inner door	-13	0.03
9 Floor Storage	-26	0.03
10 Side Wall	-17	0.03
11 Loading Wall	-20	0.03
12 Pad Lock Safe	-71	0.03
13 Storage shelves	-71	0.03
14 Floor Outside Door	-71	0.03
15 Background	-20	0.03



*Samuel J. Smith*  
 8/16/05

*MS*





UNIONTOWN HOSPITAL  
500 WEST BERKELEY STREET  
UNIONTOWN, PA 15401  
724-430-5196

Wipe Results Report

Monday, July 11, 2005 9:36 AM

Area: CS 137 TUBE LEAK TESTS

Sealed Source Area, RSO Trigger at 100% of Federal Guidelines, Probe

Location: AREA 1 10

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	MJS CS-137	0.005 uCi	3.191e-05 uCi	0.0003576 uCi	60 sec.	-2.417e-05 uC

Location: AREA 2 10

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	MJS CS-137	0.005 uCi	3.191e-05 uCi	0.0003576 uCi	60 sec.	-9.666e-06 uC

Location: AREA 3 10

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	MJS CS-137	0.005 uCi	3.191e-05 uCi	0.0003576 uCi	60 sec.	-6.283e-05 uC

Location: AREA 4 10

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	MJS CS-137	0.005 uCi	3.191e-05 uCi	0.0003576 uCi	60 sec.	-5.316e-05 uC

Location: AREA 5 10

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	MJS CS-137	0.005 uCi	3.191e-05 uCi	0.0003576 uCi	60 sec.	-1.933e-05 uC

Location: AREA 6 15

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	MJS CS-137	0.005 uCi	3.191e-05 uCi	0.0003576 uCi	60 sec.	2.417e-05 uCi

Location: AREA 7 15

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	MJS CS-137	0.005 uCi	3.191e-05 uCi	0.0003576 uCi	60 sec.	-2.9e-05 uCi

Location: AREA 8 20

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	MJS CS-137	0.005 uCi	3.191e-05 uCi	0.0003576 uCi	60 sec.	-4.833e-05 uC

Location: AREA 9 20

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	MJS CS-137	0.005 uCi	3.191e-05 uCi	0.0003576 uCi	60 sec.	-9.666e-05 uC

Location: AREA 10 Background

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	MJS CS-137	0.005 uCi	3.191e-05 uCi	0.0003576 uCi	60 sec.	-4.35e-05 uCi

Technologist: \_\_\_\_\_

Comments:

*Prior to Return Supplement*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*7/11/05*

A950 1.0.8



UNIONTOWN HOSPITAL  
500 WEST BERKELEY STREET  
UNIONTOWN, PA 15401  
724-430-5196

Wipe Results Report

Tuesday, August 16, 2005 9:02 AM

**Area: DECOMMISSIONING BRACHY HOT LAB**

**Unrestricted Area, RSO Trigger at 100% of Federal Guidelines, Probe**

**Location: SAFE**

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	CS-137	200 dpm	14 dpm	129 dpm	30 sec.	-20 dpm

**Location: L BLOCK**

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	CS-137	200 dpm	14 dpm	129 dpm	30 sec.	-33 dpm

**Location: FRONT COUNTERTOP**

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	CS-137	200 dpm	14 dpm	129 dpm	30 sec.	-26 dpm

**Location: BACK COUNTERTOP**

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	CS-137	200 dpm	14 dpm	129 dpm	30 sec.	-20 dpm

**Location: LOADING TABLE**

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	CS-137	200 dpm	14 dpm	129 dpm	30 sec.	-20 dpm

**Location: MOBILE PIG**

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	CS-137	200 dpm	14 dpm	129 dpm	30 sec.	-52 dpm

**Location: FLOOR**

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	CS-137	200 dpm	14 dpm	129 dpm	30 sec.	-20 dpm

**Location: FLOOR**

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	CS-137	200 dpm	14 dpm	129 dpm	30 sec.	-13 dpm

**Location: FLOOR**

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	CS-137	200 dpm	14 dpm	129 dpm	30 sec.	-26 dpm

**Location: WALL**

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	CS-137	200 dpm	14 dpm	129 dpm	30 sec.	-17 dpm

Technologist: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

A950 1.0.8

JUL 11 2007 2:31PM



UNIONTOWN HOSPITAL  
500 WEST BERKELEY STREET  
UNIONTOWN, PA 15401  
724-430-5196

Wipe Results Report

Tuesday, August 16, 2005 9:08 AM

**Area: DECOMMISSIONING BRACHY HOT LAB**

**Unrestricted Area, RSO Trigger at 100% of Federal Guidelines, Probe**

**Location: WALL**

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	CS-137	200 dpm	20 dpm	129 dpm	15 sec.	-20 dpm

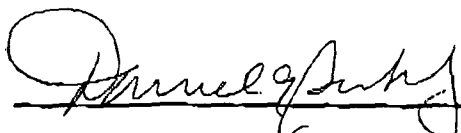
**Location: LOCK SAFE, STORAGE AREA, ENTRANCE FLOOR**

>LLD	>Trigger	Isotope	Trigger	LLD	Background	Count Time	Activity
No	No	CS-137	200 dpm	20 dpm	129 dpm	15 sec.	-71 dpm

**Technologist:** \_\_\_\_\_

**Comments:**

**Signature:**



**Date:**

8/16/05

MA

A950 1.0.8

