


NRC FORM 386 (3-2005)		U.S. NUCLEAR REGULATORY COMMISSION				DATE	
TELECOPIER TRANSMITTAL						TIME	
TO							
NAME  Karen Bernardino						TELEPHONE	
NAME AND LOCATION OF COMPANY (If other than NRC)  Materials Licensing							
TELECOPY NUMBER  630-515-1078				VERIFICATION NUMBER			
FROM							
NAME  Brenda Brown (FEES)				TELEPHONE  301-415-6055		MAIL STOP	
TELECOPY DATA							
NUMBER OF PAGES  THIS PAGE + 1 PAGES = 2 TOTAL				PRIORITY  <input type="checkbox"/> IMMEDIATE <input type="checkbox"/> OTHER (Specify)			
SPECIAL INSTRUCTIONS							

<b>NRC FORM 314</b> (8-2000) 10 CFR 20.200(k)(1), 40 CFR 201.10, and 72.541(k)(1)		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY OMB: NO. 3150-0023</b>		<b>EXPIRES: 04/30/2007</b>	
<b>CERTIFICATE OF DISPOSITION OF MATERIALS</b>				<small>Estimated burden per response is comply with this mandatory collection request 30 minutes. This submittal is used by NRC as part of the data for its determination that the facility is released for unrestricted use. Send comments regarding burden estimate to the Records and Policy/Private Services Branch (T-5 F&amp;E), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to <a href="mailto:infocost@nrc.gov">infocost@nrc.gov</a>, and to the Desk Officer, Office of Information and Regulatory Affairs, NRC-10322, (3150-0023), Office of Management and Budget, Washington, DC 20503. If a review 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>			
<b>LICENSEE NAME AND ADDRESS</b> Orchard Medical Center Suite C 7000 Orchard Lake Road Farmington Hills MI 48334				<b>LICENSE NUMBER</b> 21-32368-01		<b>DOCKET NUMBER</b>	
<input type="checkbox"/> This license has expired.				<input checked="" type="checkbox"/> <b>A. LICENSE STATUS (Check the appropriate box)</b> This license has not yet expired; please terminate it.			
<b>B. DISPOSAL OF RADIOACTIVE MATERIAL</b> (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: <input checked="" 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 type="checkbox"/> b. Disposal of radioactive materials: <input checked="" type="checkbox"/> 1. Directly by the licensee: <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.							
<b>C. SURVEYS PERFORMED AND REPORTED</b> <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 type="checkbox"/> 2. A copy of the radiation survey results: <input type="checkbox"/> a. is attached; or <input type="checkbox"/> b. is not attached (Provide explanation): of <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.							
<b>The person to be contacted regarding the information provided on this form:</b> NAME: N. David Zurek TITLE: MD TELEPHONE (include Area Code): 248-851-0560 E-MAIL ADDRESS: Use to future correspondence regarding this license to:							
<b>C. CERTIFYING OFFICIAL</b> I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT PRINTED NAME AND TITLE: N. David Zurek SIGNATURE: [Signature] DATE: _____							
<small>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.</small>							