

The following additional information is needed to review your request.

Please clarify if the license 24-24423-01 has changed ownership/control.

Do you wish to change ownership/control of license 24-24423-01, terminate the license, and then add the facility at 9501 North Oak Traffic Way, Kansas City, Missouri, to the North Kansas City Hospital, NRC license 24-18628-01. **OR** Do you wish to terminate your NRC license 24-24423-01 and add the facility at 9501 North Oak Traffic Way, Kansas City, Missouri, to the North Kansas City Hospital, NRC license 24-18628-01. Both actions to be concurrent.

If you wish to change ownership/control of license 24-24423-01, terminate the license, and then add the facility at 9501 North Oak Traffic Way, Kansas City, Missouri, to the North Kansas City Hospital, NRC license 24-18628-01. Please provide the following information:

Change of Control Information

Control: Control of a license is in the hands of the person or persons who are empowered to decide when and how that license will be used. That control is to be found in the person or persons who, because of ownership or authority explicitly delegated by the owners, possess the power to determine corporate policy and thus the direction of the activities under the license.

Transferee: A transferee is an entity that proposes to purchase or otherwise gain control of an NRC-licensed operation.

Transferor: A transferor is an NRC licensee selling or otherwise giving up control of a licensed operation.

Licensees must provide full information and obtain NRC's ***prior written consent*** before transferring control of the license. Provide the following information concerning changes of control by the applicant (transferor and/or transferee, as appropriate). If any items are not applicable, so state.

1. Provide a complete description of the transaction (transfer of stocks or assets, or merger). Indicate whether the name has changed and include the new name. Include the name and telephone number of a licensee contact who NRC may contact if more information is needed.

2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel.
3. Describe any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.
4. Describe the status of the surveillance program (surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.
5. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.
6. Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.
7. Provide documentation that the transferor and transferee agree to the change in ownership or control of the licensed material and activity, and the conditions of transfer; and the transferee is made aware of all open inspection items and its responsibility for possible resulting enforcement actions.

Terminate the NRC License

Please complete and submit a NRC 314 FORM, "CERTIFICATE OF DISPOSITION". See accompanying NRC 314 FORM.

Please be advised that we cannot authorize you to release your facility located at 9501 North Oak Traffic Way, Kansas City, Missouri, for unrestricted use (even by other members of your staff) until we have received and reviewed a copy of the results of your close-out survey. The survey should consist of exposure rate measurements to show that all sources of radioactive material have been removed, and contamination checks of areas where radioactive materials were used or stored. Average radiation levels associated with surface contamination and removable contaminations should not exceed those specified in the enclosed decontamination guide. Please submit the following information with your close-out survey:

- a. A history of all radionuclides used at your facility.
- b. A current copy of the leak test results for the sealed sources used at your facility. Also a history of leaking sealed sources (if any).
- c. A diagram of your old facility with survey and wipe test results keyed to specific locations. Please record your survey results using the appropriate units as described in 10 CFR 30.36 (j) (2) (i) (copy enclosed).
- d. The name of the person performing the survey.
- e. The date the survey was performed.
- f. The instrument(s) used for exposure rate measurements and for analysis of the wipes.
- g. Background readings.
- h. The date that the survey instrument was last calibrated.
- i. Confirm that all radioactive waste has been decayed to background radiation or has been transferred to a radioactive waste broker for disposal. Also, please specify the final disposition of the sealed sources.

Also, we will need a commitment that North Kansas City Hospital will accept and be responsible for any radioactive contamination, radioactive materials, radioactive waste, and radioactive sealed sources from Medical Imaging, Inc.'s facility located at 9501 North Oak Traffic Way, Kansas City, Missouri.

OR

Do you wish to terminate your NRC license 24-24423-01 and add the facility at 9501 North Oak Traffic Way, Kansas City, Missouri, to the North Kansas City Hospital, NRC license 24-18628-01. Both actions to be concurrent.

Terminate the NRC License

Please complete and submit a NRC 314 FORM, "CERTIFICATE OF DISPOSITION". See accompanying NRC 314 FORM.

Please be advised that we cannot authorize you to release your facility located at 9501 North Oak Traffic Way, Kansas City, Missouri, for unrestricted use (even by other members of your staff) until we have received and reviewed a copy of the results of your close-out survey. The survey should consist of exposure rate measurements to show that all sources of radioactive material have been removed, and contamination checks of areas where radioactive materials were used or stored. Average radiation levels associated with surface contamination and removable contaminations should not exceed those specified in the enclosed decontamination guide. Please submit the following information with your close-out survey:

- a. A history of all radionuclides used at your facility.
- b. A current copy of the leak test results for the sealed sources used at your facility. Also a history of leaking sealed sources (if any).
- c. A diagram of your old facility with survey and wipe test results keyed to specific locations. Please record your survey results using the appropriate units as described in 10 CFR 30.36 (j) (2) (i) (copy enclosed).
- d. The name of the person performing the survey.
- e. The date the survey was performed.
- f. The instrument(s) used for exposure rate measurements and for analysis of the wipes.
- g. Background readings.
- h. The date that the survey instrument was last calibrated.
- i. Confirm that all radioactive waste has been decayed to background radiation or has been transferred to a radioactive waste broker for disposal. Also, please specify the final disposition of the sealed sources.

Also, we will need a commitment that North Kansas City Hospital will accept and be responsible for any radioactive contamination, radioactive materials, radioactive waste, and radioactive sealed sources from Medical Imaging, Inc.'s facility located at 9501 North Oak Traffic Way, Kansas City, Missouri.

Please send a facsimile (630- 515-1259) of your response to the above as soon as possible and refer to **control 576604** . Please call me at 630-829-9839 if you have any questions.

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this facsimile and the attached documents will be available electronically for public inspection in the NRC Public Document Room or from the Publicly Available Records (PARS) component of NRC's document system (ADAMS). The NRC's document system is accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html> (the Public Electronic Reading Room).

From the desk of:

A handwritten signature in black ink, appearing to read "Bill Reichhold". The signature is fluid and cursive, with a large initial "B" and "R".

Bill Reichhold

CERTIFICATE OF DISPOSITION OF MATERIALS

PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING NRC FORM 314.

Subpart E of 10 CFR Part 20 establishes the radiological criteria for license terminations/decommissioning of facilities licensed under 10 CFR Parts 30, 40, 50, 60, 61, 70, and 72, as well as other facilities subject to the Commission's jurisdiction under the Atomic Energy Act of 1954, as amended, and the Energy Reorganization Act of 1974, as amended.

INSTRUCTIONS

Section B, Item 2.

Licensees should describe the specific radioactive material transfer actions. If radioactive wastes were generated in terminating this license, the licensee should describe the disposal actions taken, including the disposition of low-level radioactive waste, mixed waste, greater-than-Class-C waste, and sealed sources.

Section B, Item 2.a.

The information provided concerning the transfer of radioactive material to another licensee should specify the date of the transfer, the name of the licensee recipient, an individual contact name and telephone number for the licensee recipient, and the recipient's NRC or Agreement State license number.

Section B, Item 2.b.

For disposal of radioactive materials, licensees should describe the specific disposal method or procedure (e.g., decay-in-storage). For those cases when radioactive materials are disposed of by a licensed disposal site or by a waste contractor, the licensee should specify the name, address, and telephone number of the licensed disposal site operator or waste contractor.

Section B, Item 2.c.

"Residual radioactivity," as defined in 10 CFR 20.1003, means radioactivity in 'areas' (structures, materials, soils, etc.) remaining as a result of activities (licensed and unlicensed) under the licensee's control from sources used by the licensee, excluding background radiation. ALARA is defined in 10 CFR 20.1003.

FILE CERTIFICATES AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND CERTIFICATES TO:

LICENSING ASSISTANT SECTION
NUCLEAR MATERIALS SAFETY BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PA 19406-1415

IF YOU ARE LOCATED IN:

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND CERTIFICATES TO:

MATERIAL RADIATION PROTECTION SECTION
U. S. NUCLEAR REGULATORY COMMISSION, REGION IV
612 E. LAMAR BOULEVARD, SUITE 400
ARLINGTON, TX 76011-4125

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND CERTIFICATES TO:

MATERIALS LICENSING SECTION
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, IL 60532-4352

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 Information Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@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.

CERTIFICATE OF DISPOSITION OF MATERIALS

LICENSEE NAME AND ADDRESS

LICENSE NUMBER

DOCKET NUMBER

LICENSE EXPIRATION DATE

A. LICENSE STATUS (Check the appropriate box)

- ☐ This license has expired. ☐ 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 materials to the licensee listed below:
- ☐ b. Disposal of radioactive materials:
- ☐ 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:
- ☐ 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

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

SIGNATURE

DATE

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.

TRANSMISSION VERIFICATION REPORT

TIME : 12/28/2011 23:22
NAME : USNRC REGION3 DNMS
FAX : 6305151259
TEL :
SER.# : 000A7J925770

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

12/28 23:20
18168762960
00:02:03
08
OK
STANDARD
ECM



UNITED STATES
NUCLEAR REGULATORY COMMISSION

REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, ILLINOIS 60532-4352

TELEFAX TRANSMITTAL

DATE December 29, 2011

NUMBER OF PAGES 8

(including this page)

SEND TO John Stephen Dykstra, D.O., Radiation Safety Officer

LOCATION Medical Imaging, Inc. , NRC License 24-24423-01

FAX NUMBER (816) 876-2960

☐ VERIFY BY CALLING

FROM: Bill Reichhold
(Sender)

TELEPHONE NUMBER (630) 829-9839

FAX NUMBER (630) 515-1259

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE See accompanying documents.

TRANSMISSION VERIFICATION REPORT

TIME : 12/28/2011 23:18
NAME : USNRC REGION3 DNMS
FAX : 6305151259
TEL :
SER.# : 000A7J925770

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

12/28 23:16
18168762960
00:01:31
08
OK
STANDARD
ECM



UNITED STATES
NUCLEAR REGULATORY COMMISSION

REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, ILLINOIS 60532-4352

TELEFAX TRANSMITTAL

DATE December 29, 2011

NUMBER OF PAGES 8

(including this page)

SEND TO John Stephen Dykstra, D.O., Radiation Safety Officer

LOCATION Medical Imaging, Inc. , NRC License 24-24423-01

FAX NUMBER (816) 876-2960

☒ VERIFY BY CALLING

*Received
12/29/11
Chakoy*

FROM: Bill Reichhold
(Sender)

TELEPHONE NUMBER (630) 829-9839

FAX NUMBER (630) 515-1259

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE See accompanying documents.



UNITED STATES
NUCLEAR REGULATORY COMMISSION

REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, ILLINOIS 60532-4352

TELEFAX TRANSMITTAL

DATE December 29, 2011

NUMBER OF PAGES 8

(including this page)

SEND TO John Stephen Dykstra, D.O., Radiation Safety Officer

C/O MARTIN RICHMAN, M.S. -

LOCATION *NORTH KANSAS CITY HOSPITAL*, NRC License -24-18628-01

FAX NUMBER (816) *346-7869*

☒ VERIFY BY CALLING

Debbie-

FROM: Bill Reichhold
(Sender)

TELEPHONE NUMBER (630) 829-9839

FAX NUMBER (630) 515-1259

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE See accompanying documents.

*As we discussed on 1/4/12 - copy of documents
sent to Dr. Dykstra.*

Bill Reichhold

NOTICE

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you received this communication in error, please notify the sender immediately by telephone and return the original to the above address, by U.S. Mail. Thank You.