

(05-2012)
10 CFR 30.36(j)(1); 40.42(j)(1);
70.38(j)(1); and 72.54(k)(5)(1)(1)

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

Lakeview Diagnostic
2001 Eleventh Avenue
Port Huron, MI. 48060

LICENSE NUMBER

21-32444-01MD

DOCKET NUMBER

030-36222

LICENSE EXPIRATION DATE

4/30/2013

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:
21-32817-01MD
- ☐ 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 David Schmitt	TITLE Pharmacy Manager	TELEPHONE (Include Area Code) 810-650-7993	E-MAIL ADDRESS dschmitt@lakeviewdx.net
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Mail all future correspondence regarding this license to:

Lakeview Diagnostic 36211 Jefferson Ave. Harrison TWP MI. 48045

C. CERTIFYING OFFICIAL

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

PRINTED NAME AND TITLE David Schmitt Pharmacy Manager	SIGNATURE <i>[Signature]</i>	DATE 12/10/2012
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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.

**Lakeview Diagnostic
Shipment Report**

CustomerID: 00029 **Delivery Date/Time:** 12/10/2012 09:15 **Container:** 000

Actual Shipment Date/Time: 10/11/2012 10:41

Sender:

Lakeview Diagnostic
2001 11th Avenue
Port Huron, MI 48060
810-987-3317

Receiver:

Lakeview Diagnostic, LLC- Harrison Tnshp
36211 Jefferson Ave
Harrison Township, MI 48045
(586) 466-6260
License: 21-32817-01MD exp: 05/31/2021

BILL OF LADING

RADIOACTIVE MATERIAL, TYPE-A PACKAGE, 7, UN 2915

Serial #	Product	Cal. Date/Time	Total Amount	Quantity	Activity at Time of Shipment	Isotope	Form
32618	Cs-137 Source	02/01/200 00:00	251.80 uCi	1	0.01 GBq (0.20 mCi)	Cs137	solid
33753	Cs-137 Source	03/01/200 00:00	0.113 uCi	1	0.00 GBq (0.00 mCi)	Cs137	solid
33837	Ba-133 Source	03/01/200 00:00	263.50 uCi	1	0.01 GBq (0.14 mCi)	Ba133	solid
1333-13-2	Co-57 Source	11/01/200 00:00	0.102 uCi	1	0.00 GBq (0.00 mCi)	Co57	solid
32422	Ba-133 Source	01/01/200 00:00	0.116 uCi	1	0.00 GBq (0.00 mCi)	Ba133	solid

DOT Label: NONE

Total Activity at Shipping: 0.013 GBq

(0.341 mCi)

Trans. Index at 1 Meter: N/A

This is to certify that the above-named materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation (DOT).

One Meter Reading (mR/hr): 0.00

RECEIPT SECTION

Type of Package Received: ☐ NONE ☐ WHITE I ☐ YELLOW II ☐ YELLOW III

Survey Meter Serial #: _____ Wipe Test Instrument Serial #: _____

Background (mR/hr): _____ Background (CPM): _____

Surface Reading (mR/hr): _____ Surface (CPM): _____

Trans. Index at 1 Meter: _____ Surface (DPM): _____

Condition of Container: _____ Area (cm²): _____

Received By: _____ **Date:** _____ **Time:** _____

RETURN TO SENDER/DISPOSAL SECTION(to be performed by the customer - DOT Requirement)

Returned To: Lakeview Diagnostic

- ☐ No point on surface exceeds 0.5 mR/hr
- ☐ Removable Surface Contamination < 22 DPM/cm²
- ☐ Contents meet the activity requirements for "Limited Quantity" return

Returned By: _____ **Date:** _____ **Time:** _____

Picked Up By: _____ **Date:** _____ **Time:** _____

Shipping: Shipped By: Barbara Riedel

Date: 10/11/2012 **Time:** 10:41

Emergency Phone Number: 810-987-3317

Sealed Source Leak Test

Lakeview Diagnostic

2001 11th Avenue

Port Huron, MI 48060

21-32444-01 EXP 04/30/2013

FACILITY NAME/ADDRESS:

Lakeview Diagnostic, LLC
2001 11th Avenue
Port Huron, Michigan 48060

DATE PERFORMED: 10/11/2012 09:17

NEXT DUE DATE: 04/11/2013

INSTRUMENT INFORMATION:

Model Number: CAPRAC
Manufacturer: Capintec
Serial Number: 000572

Efficiency: 94.387 %
Action Limit: 0.005 uCi

SOURCE INFORMATION:

Nuclide: Ba133
Source Type: Ba-133 Source
Manufacturer: North American Scientific

Serial Number: 33837
Calibration Amt: 263.50 uCi
Calibration D/T: 03/01/2003 00:00

LEAK TEST DATA:

Measurement	Wipe (CPM)	Background (CPM)	NET (CPM)	NET (DPM)	NET (uCi)	PASS/FAIL
1	0	0	0	0	0.000000	PASS
2	0	0	0	0	0.000000	PASS
3	0	0	0	0	0.000000	PASS
Average	0	0	0	0	0.000000	PASS

NOTES:

NET (CPM) = Wipe (CPM) - Background (CPM)

NET (DPM) = NET (CPM) / Efficiency

NET (uCi) = NET (DPM) / 2.2×10^6 DPM/uCi

If leak test results are greater than 0.005 uCi of removable contamination, the source is to be removed from use.

Used Caprac B, Background is always automatically subtracted

PASSED

TEST COMMENTS: PASSED

TEST DATA:

Performed by:


Benjamin Fugate
Tech

Licensee: Lakeview Diagnostic

Registration: 21-32444-01 EXP 04/30/2013

Prepared by: Barbara Riedel

Printed: 12/10/2012 9:25:27 AM

Sealed Source Leak Test ID: 11

Page: 1

Sealed Source Leak Test

Lakeview Diagnostic

2001 11th Avenue
Port Huron, MI 48060
21-32444-01 EXP 04/30/2013

FACILITY NAME/ADDRESS:
Lakeview Diagnostic, LLC
2001 11th Avenue
Port Huron, Michigan 48060

DATE PERFORMED: 10/11/2012 09:17

NEXT DUE DATE: 04/11/2013

INSTRUMENT INFORMATION:

Model Number: CAPRAC
Manufacturer: Capintec
Serial Number: 000572

Efficiency: 30.18 %
Action Limit: 0.005 uCi

SOURCE INFORMATION:

Nuclide: Cs137
Source Type: Cs-137 Source
Manufacturer: North American Scientific

Serial Number: 32618
Calibration Amt: 251.80 uCi
Calibration D/T: 02/01/2003 00:00

LEAK TEST DATA:

Measurement	Wipe (CPM)	Background (CPM)	NET (CPM)	NET (DPM)	NET (uCi)	PASS/FAIL
1	0	0	0	0	0.000000	PASS
2	0	0	0	0	0.000000	PASS
3	0	0	0	0	0.000000	PASS
Average	0	0	0	0	0.000000	PASS

NOTES:

NET (CPM) = Wipe (CPM) - Background (CPM)

NET (DPM) = NET (CPM) / Efficiency

NET (uCi) = NET (DPM) / 2.2×10^6 DPM/uCi

If leak test results are greater than 0.005 uCi of removable contamination, the source is to be removed from use.

Used Caprac B, Background is always automatically subtracted

PASSED

TEST COMMENTS: PASSED

TEST DATA:

Performed by:


Benjamin Fugate
Tech

Licensee: Lakeview Diagnostic

Registration: 21-32444-01 EXP 04/30/2013

Prepared by: Barbara Riedel

Printed: 12/10/2012 9:25:51 AM

Sealed Source Leak Test ID: 12

Page: 1

CERTIFICATE OF INSTRUMENT CALIBRATION

SURVEY
METER
B

Location:	Lakeview Diagnostic LLC 36211 Jefferson Harrison Twp, MI 48045
Instrument/Mfgr:	Ludlum
Type:	GM
Model Number:	14C
Serial Number:	192093
Probe Type:	Pancake
Calibration Geometry:	Parallel

Calibration Source

Nuclide	Exposure Rate	Calibration Accuracy
Cs-137	44.2 mR/hr @ 1 meter on 02/15/91. Traceable to N.I.S.T.	$\pm 1.5\%$

NRC License: 21-26253-01

CALIBRATION DATA

Scale	Exposure (mR/hr)	Reading (mR/hr)	Exposure (mR/hr)	Reading (mR/hr)
x 1000	1600	1600	400	400
x 100	160	160	40	40
x 10	16	16	4	4
x 1	1.6	1.6	0.4	0.4
x 0.1	0.15	0.15	0.06	0.06

Battery Check: O.K.

Dedicated Source Check: 13 mR/hr

Comments:

Calibrated By: Ray A. Carlson, M.S.

RAC

Date: June 3, 2012

Survey Meter Validation Report

Lakeview Diagnostic

2001 11th Avenue

Port Huron, MI 48060

21-32444-01 EXP 04/30/2013

Date: from 10/12/2012 to 10/12/2012

Meter: GM Meter #B
Model: 14-C

Serial #: 192093
Description: GM Meter

Action Limit: 20.00%

Date	Time	Probe	Source	Bkgd	Net	Predicted	% Dev	Battery	Performed By	Notes
10/12/2012	08:22	Ludlum Measurements Inc 44-9	Spectrum Techinques Cs137 Check Source - Meter #B	0.02	12.98	12.36	5.02	PASS	Barbara Riedel	

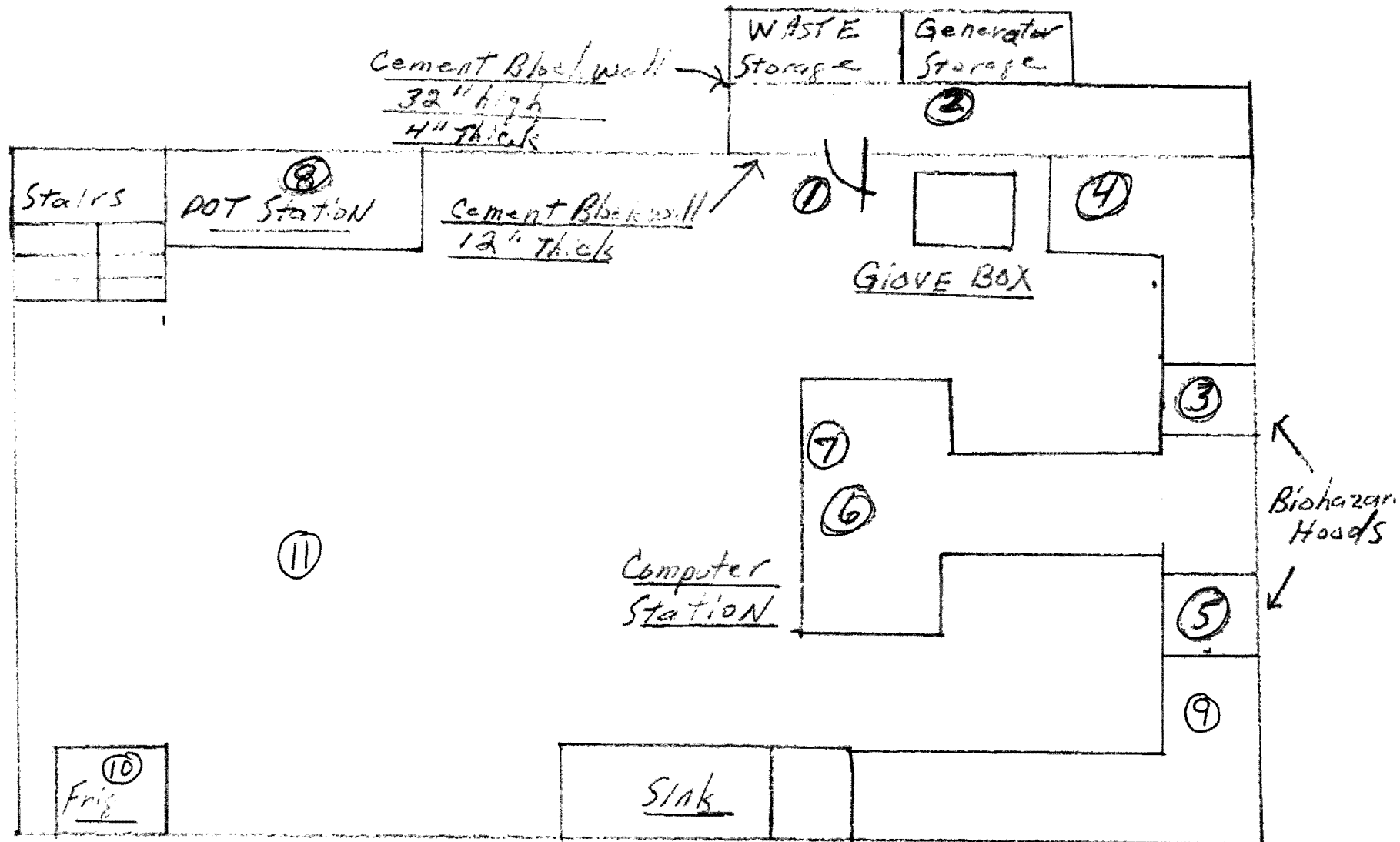
The above report indicates all of the Meter Constancy test(s) have passed.

Technologist Signature: 

RSO. Signature: _____

Printed: 12/10/2012 8:25:30 AM

AREA SUREY AND WIPES



Area Wipe Report

Lakeview Diagnostic
2001 11th Avenue
Port Huron, MI 48060
21-32444-01 EXP 04/30/2013

Group: Group 1 Pharmacy		Description:				Background	0 Count(s) =>	0 CPM
Date: 10/12/2012	Time: 08:08	Name: Benjamin Fugate - (BF)				Efficiency Date: 8/9/2012	Efficiency: 30.18 %	
Meter: CAPRAC B	Mfr: Capintec	Mdl: CAPRAC	S/N: 000572				Count Time: 1 min(s)	
Probe: CAPRAC Well Counter - B	Mfr: Capintec	Mdl: WELL COUNTER	S/N: 000572					
Item Name	Interval Count	Gross CPM Value	Net CPM Value	Net DPM Value	Trigger Limit DPM	Notes		Pass/Fail
5 Biohazard Hood B	0	0	0	0	200.00			Pass
3 Biohazard Hood A	0	0	0	0	200.00			Pass
8 DOT Station	0	0	0	0	200.00			Pass
9 Drawing Station	0	0	0	0	200.00			Pass
2 Generator Counter	0	0	0	0	200.00			Pass
1 Hot Lab Door	0	0	0	0	200.00			Pass
6 Island Counter	0	0	0	0	200.00			Pass
7 Phone By Computer	0	0	0	0	200.00			Pass
4 Phone By Glove Box	0	0	0	0	200.00			Pass
10 Refrigerator	0	0	0	0	200.00			Pass
11 Utility Carts	0	0	0	0	200.00			Pass

TEST COMMENTS:

Final Area Wipe Test- Pharmacy

PASSED

TEST DATA:

Performed by:

Benjamin Fugate
Tech

Licensee: Lakeview Diagnostic

Registration: 21-32444-01 EXP 04/30/2013

Area Survey Report

Lakeview Diagnostic
2001 11th Avenue
Port Huron, MI 48060
21-32444-01 EXP 04/30/2013

Group: Group 1 Pharmacy

Description: Pharmacy

Date: 10/12/2012 Time: 08:47

Name: Barbara Riedel - (BR)

Background 0.02 mR/hr

Meter: GM Meter #B

Mfr: Ludlum

Mdl: 14-C

S/N: 192093

Efficiency Date: 6/3/2012

Efficiency: 100

Probe: Pancake #2

Mfr: Ludlum

Mdl: 44-9

S/N: PR 198858

Item Name	Gross Value	Net Value	Corrected Value	Trigger Limit	Notes
5 Biohazard Hood B	0.02	0.00	0.00	0.20	Pass
3 Biohazard Hood A	0.02	0.00	0.00	0.20	Pass
8 DOT Station	0.02	0.00	0.00	0.20	Pass
9 Drawing Station	0.02	0.00	0.00	0.20	Pass
2 Generator Counter	0.02	0.00	0.00	0.20	Pass
1 Hot Lab Door	0.02	0.00	0.00	0.20	Pass
6 Island Counter	0.02	0.00	0.00	0.20	Pass
7 Phone By Computer	0.02	0.00	0.00	0.20	Pass
4 Phone By Glove Box	0.02	0.00	0.00	0.20	Pass
10 Refrigerator	0.02	0.00	0.00	0.20	Pass
11 Utility Carts	0.02	0.00	0.00	0.20	Pass

TEST COMMENTS: Final Area Survey- Pharmacy; Action level is anything greater than background

Final Area Survey- Pharmacy; Action level is anything greater than background

PASSED

TEST DATA:

Performed by:

Benjamin Fugate
Tech

Licensee: Lakeview Diagnostic

Registration: 21-32444-01 EXP 04/30/2013

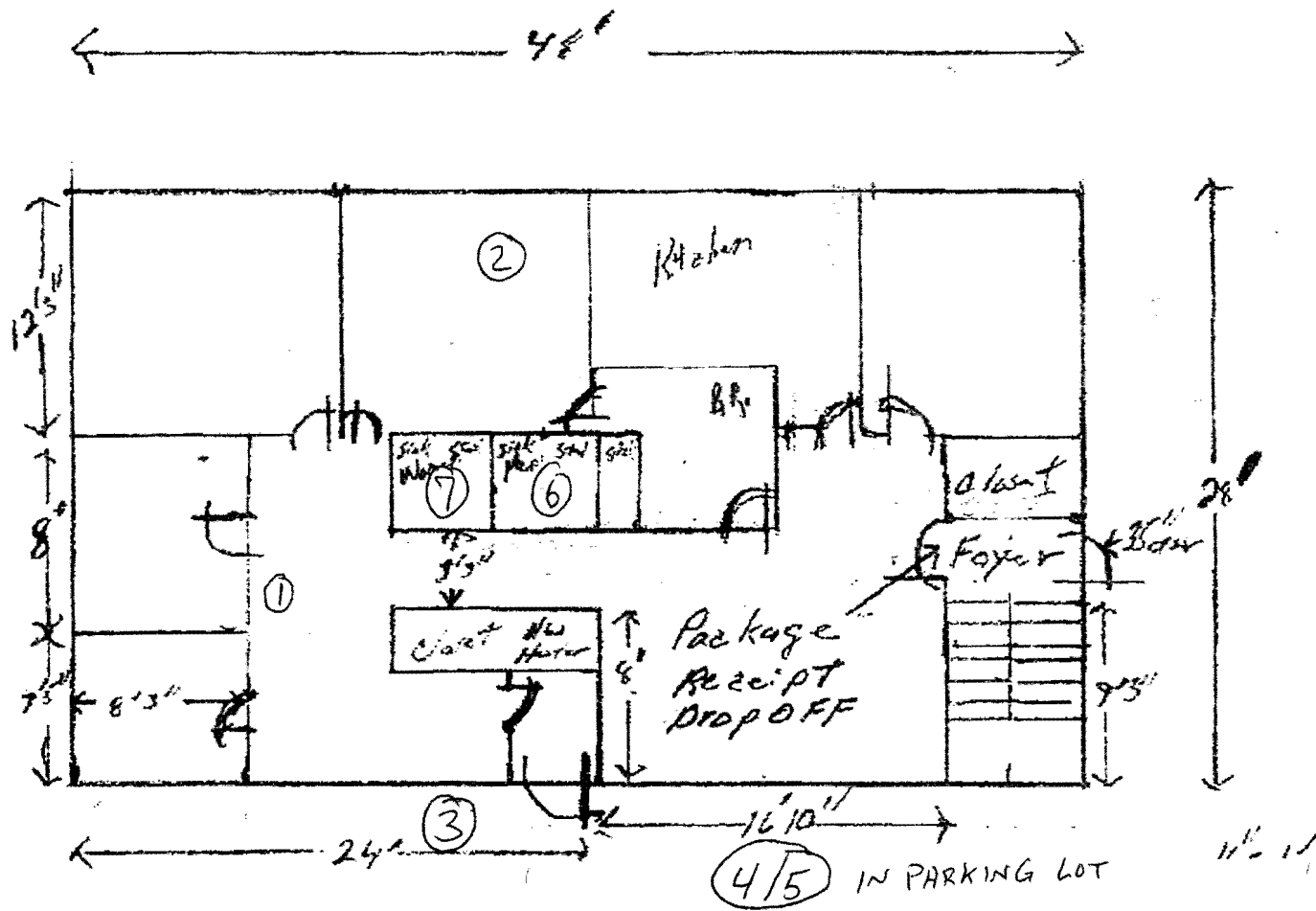
AREA SURVEY AND WIPES

All 3' doorways

Lakeview Diagnostic
2001 Eleventh Avenue
Port Huron, MI 48060

Attachment Item #9

MAIN FLOOR



Area Wipe Report

Lakeview Diagnostic
2001 11th Avenue
Port Huron, MI 48060
21-32444-01 EXP 04/30/2013

Group: Group 2 Non-Pharmacy		Description:							
Date: 10/12/2012	Time: 08:07	Name: Benjamin Fugate - (BF)		Background		0 Count(s) =>		0 CPM	
Meter: CAPRAC B	Mfr: Capintec	Mdl: CAPRAC	S/N: 000572	Efficiency Date: 8/9/2012		Efficiency: 30.18 %			
Probe: CAPRAC Well Counter - B	Mfr: Capintec	Mdl: WELL COUNTER	S/N: 000572			Count Time: 1 min(s)		Pass/Fail	
Item Name	Interval Count	Gross CPM Value	Net CPM Value	Net DPM Value	Trigger Limit DPM	Notes			
1 Barb's Desk	0	0	0	0	200.00		Pass		
2 Dave's Desk	0	0	0	0	200.00		Pass		
3 Front Porch Outside	0	0	0	0	200.00		Pass		
4 Honda CR-v (3)	0	0	0	0	200.00		Pass		
5 Honda Odyssey	0	0	0	0	200.00		Pass		
6 Men's Room	0	0	0	0	200.00		Pass		
7 Women's Room	0	0	0	0	200.00		Pass		

TEST COMMENTS:

Final Area Wipe Test- Non Pharmacy

PASSED

TEST DATA:

Performed by:


Benjamin Fugate
Tech

Licensee: Lakeview Diagnostic

Registration: 21-32444-01 EXP 04/30/2013

Area Survey Report

Lakeview Diagnostic
2001 11th Avenue
Port Huron, MI 48060
21-32444-01 EXP 04/30/2013

Group: Group 2 Non-Pharmacy

Description: Out of Pharmacy

Date: 10/12/2012 Time: 08:46

Name: Barbara Riedel - (BR)

Meter: GM Meter #B

Mfr: Ludlum

Mdl: 14-C

S/N: 192093

Efficiency Date: 6/3/2012

Background

0.02 mR/hr

Probe: Pancake #2

Mfr: Ludlum

Mdl: 44-9

S/N: PR 198858

Efficiency: 100

Item Name	Gross Value	Net Value	Corrected Value	Trigger Limit	Notes
1 Barb's Desk	0.02	0.00	0.00	0.20	Pass
2 Dave's Desk	0.02	0.00	0.00	0.20	Pass
3 Front Porch Outside	0.02	0.00	0.00	0.20	Pass
4 Honda CR-v (3)	0.02	0.00	0.00	0.20	Pass
5 Honda Odyssey	0.02	0.00	0.00	0.20	Pass
6 Men's Room	0.02	0.00	0.00	0.20	Pass
7 Women's Room	0.02	0.00	0.00	0.20	Pass

TEST COMMENTS: Final Area Survey- Non Pharmacy; Action level is anything greater than background

Final Area Survey- Non Pharmacy; Action level is anything greater than background

PASSED

TEST DATA:

Performed by:

Benjamin Fugate
Tech

Licensed: Lakeview Diagnostic

Registration: 21-32444-01 EXP 04/30/2013



IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-8300

MEDICAL WASTE TRACKING FORM NUMBER

Route # 502 - 13

CUSTOMER NO. 31932

MDFL0022J0

1. Generator's Name, Address and Telephone Number

ATTN: David Schmitt
Lakeview Diagnostic
2001 11th Ave
Port Huron, MI 48060



(810) 981-3317

7/5/2011

CUSTOMER NUMBER

2011767-001

GENERATOR'S REGISTRATION #

2A. DESCRIPTION OF WASTE

2B.

CONTAINER TYPE

2C. NO. OF
CONTAINERS

2D. VOLUME

UN3291, Regulated Medical Waste,
n.o.s., 6.2, PGI

BX24 - Sharps Box (19 5/8" x 14 3/8" x 26 5/8" - 4.4 cu ft)

Cu Ft.

UN3291, Regulated Medical Waste,
n.o.s., 6.2, PGI

TB01 - 30 Gal Reusable (18" x 18" x 24" - 4.0 cu ft)

Cu Ft.

UN3291, Regulated Medical Waste,
n.o.s., 6.2, PGI

TB04 - 26 Gal Reusable (22" x 22" x 23" - 3.7 cu ft)

Cu Ft.

UN3291, Regulated Medical Waste,
n.o.s., 6.2, PGI

TB20 - 10 Gal Reusable (17 1/2" high x 16" diameter - 1.3 cu ft)

Cu Ft.

UN3291, Regulated Medical Waste,
n.o.s., 6.2, PGI

WS19 - Small Box (11 5/8" x 11 5/8" x 23 3/8" - 1.9 cu ft)

Cu Ft.

UN3291, Regulated Medical Waste,
n.o.s., 6.2, PGI

WS43 - Med. Box (17 5/8" x 17 5/8" x 23 3/8" - 4.3 cu ft)

Cu Ft.

UN3291, Regulated Medical Waste,
n.o.s., 6.2, PGI

SH24/SH15 - Large Sharps (19" x 16 1/2" x 12" - 2.1 cu ft)

Cu Ft.

UN3291, Regulated Medical Waste,
n.o.s., 6.2, PGI

SH14/SH84 - 8 Gal Sharps (18" x 16 1/2" x 10" - 1.7 cu ft)

Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

TOTALS ▶

5

18.5

Cu Ft.

Print/Type Name

Barbara Riedel

Signature

Barbara Riedel

Date

7/5/11

PRIMARY
TRANSPORTER

4. TRANSPORTER 1 ADDRESS:

STERICYCLE INC
3400 Chief Drive
Bolly, MI 48442

☒ This is a Through Shipment

Phone #:

Applicable Permit Numbers: 810-981-3317

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name

Bob Smith

Signature

Bob Smith

NY-IL-033

OH-00-T-00199

Decal #

PA-EC-0196

IL PIN#-9009

Date

7/5/11

TRANSPORTER 2 /
INTERMEDIATE
HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

STERICYCLE, INC 28161 N KEITH DR LAKE FOREST, IL 60045

Phone #:

Applicable Permit Numbers: 800-633-9278

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name

Signature

NY-IL-033

OH-00-T-00199

Decal #

PA-EC-0196

IL PIN#-9009

TRANSPORTER 3 /
INTERMEDIATE
HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE, INC. 28161 N KEITH DR LAKE FOREST, IL 60045

Phone #:

Applicable Permit Numbers: (800) 643-2400

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name

Signature

NY-IL-033

OH-00-T-00199

Decal #

PA-EC-0196

IL PIN#-9009

TREATMENT FACILITY

7. DISCREPANCY INDICATION

☒ 7A. Designated Facility:☐ 7B. Alternate Facility:☐ 7C. Alternate Facility:☐ 7D. Alternate Facility:

STERICYCLE, INC.
1301 E ALEXIS ROAD
TOLEDO, OH 43612
(419) 729-8005
EPA#: AUTOCLAVE

STERICYCLE, INC.
1901 PINE AVE. SE
WARREN, OH 44483
(330) 393-0385
EPA#: 0278080636

STERICYCLE, INC
3472 PROGRESS DR
DUNKIRK, NY 14048
(716) 366-4444

STERICYCLE, INC.
5815 WELDON SPRINGS
CLINTON, IL 61727
(217) 935-4700

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name

Becky McCoy

Signature

Becky McCoy

Date

7/5/11

9. Ohio Treatment Certification: This is to certify that the Regulated Medical Wastes described above were treated in accordance with State and Federal guidelines.

Becky McCoy

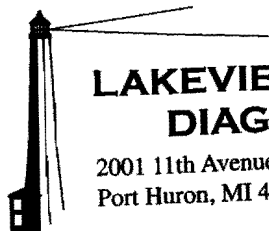
Print/Type Name

Signature

Date

ORIGINAL

MDFL0022J0 6/20/01



**LAKEVIEW
DIAGNOSTIC, L.L.C.**

2001 11th Avenue
Port Huron, MI 48060



UNITED STATES POSTAL SERVICE

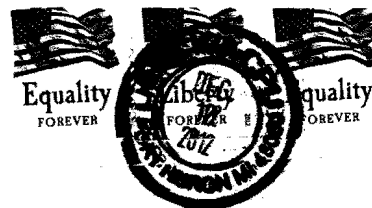
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48060



Materials Licensing Section
U.S. Nuclear Regulatory Commission, Region III
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352



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