



**PROVIDENCE
HOSPITAL**

1150 Varnum St., NE
Washington, DC 20017
(202) 269-7000
www.provhosp.org

Br. 1

November 4, 2016

U.S. Nuclear Regulatory Commission
Region I
Licensing Assistance Team
475 Allendale Road
King of Prussia, PA 19408

RE: Removal of Sr-90 (Possession and Storage Only)
License No. 08-01728-01
Docket No. 03001316
Providence Hospital

The following action to the above mentioned radioactive materials license is requested:

The removal of Sr-90 (for Possession and Storage Only) listed in the license under the radiation Safety Officer, Dr. Alfred P. Coccaro. The Sr-90 eye applicator was properly disposed of and a copy of the Disposal Certificate is enclosed.

If there are any questions or if additional information is needed regarding the above matters, please contact Mr. Tekeste Yohannis, (consultant, Krueger-Gilbert Health Physics, Inc.) at 410-692-9806.

Sincerely,

Ms. Gina Peel
Director of Radiology Services

592387
NUCLEAR MATERIALS-002

July 11, 2016

DISPOSAL CERTIFICATE

Claudia Wilson
Providence Hospital
1150 Vamum Street, NE
Washington, DC 20017

Dear Claudia Wilson:

This letter certifies that EnergySolutions (formerly Duratek) has processed the materials from your shipment as indicated below:

Please reference the following table for detailed disposal information.

MANIFEST NUMBER	SHIPMENT DATE	CONTAINER NUMBER	COMPLETION DATE
16618-BIO-1	02/23/2016	60489-60497	04/09/2016

Note: Any ash from the incineration process becomes Duratek's (EnergySolutions) waste.

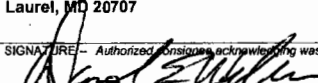
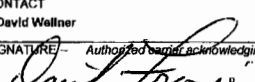
If you have any questions, please feel free to contact me at (865) 220-8501.

Sincerely,

D. Agana

Denise Agana
Shipping/Transportation

Cc: 2016-03

FORM 540 UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST SHIPPING PAPER		Radiation Service Organization		5. SHIPPER - NAME AND FACILITY Providence Hospital 1180 Varnum Street NE Washington, DC 20017		SHIPPER I.D. NUMBER NA <input type="checkbox"/> COLLECTOR <input type="checkbox"/> PROCESSOR		7. FORM 540 AND 540A PAGE 1 OF 2 FORM 541 AND 541A 2 PAGE(S) FORM 542 AND 542A 2 PAGE(S) ADDITIONAL INFORMATION None PAGE(S)		8. MANIFEST NUMBER (Use this number on all continuation pages) 16618							
1. EMERGENCY TELEPHONE NUMBER (Include Area Code) 1-800-424-9300				SHIPMENT NUMBER 16618		<input checked="" type="checkbox"/> GENERATOR TYPE (Specify) M		9. CONSIGNEE - Name and Facility Radiation Service Organization, Inc. 5204 Minnick Road Laurel, MD 20707		CONTACT David Wellner TELEPHONE (Include Area Code) (301)953-2482 DATE 12-9-15							
ORGANIZATION Chemtec-CCN19278				6. CARRIER - Name and Address RSO, Inc. 6204 Minnick Road Laurel, MD 20707 Truck #: 11236 Trailer #: N/A		EPA I.D. NUMBER MDD-06-927-9889 SHIPPING DATE 12/09/2015 TELEPHONE (Include Area Code) (301)953-2482		SIGNATURE - Authorized Consignee acknowledging waste receipt 		10. CERTIFICATION This is to certify that the herein-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. This also certifies that the materials are classified, packaged, marked, and labeled and are in proper condition for transportation and disposal as described in accordance with the requirements of 10 CFR Parts 20 and 61, or equivalent state regulations.							
2. IS THIS AN "EXCLUSIVE USE" SHIPMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		3. TOTAL NUMBER OF PACKAGES IDENTIFIED ON THIS MANIFEST ===== 10		4. DOES EPA REGULATED WASTE REQUIRING A MANIFEST ACCOMPANY THIS SHIPMENT? If "Yes," provide Manifest Number ===== <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		EPA MANIFEST NUMBER =====		CONTACT David Wellner SIGNATURE - Authorized carrier acknowledging waste receipt 		DATE 12-9-15							
11. U.S. DEPARTMENT OF TRANSPORTATION DESCRIPTION (Including proper shipping name, hazard class, UN ID number, and any additional information)		12. DOT LABEL "RADIOACTIVE"		13. TRANSPORT INDEX		14. PHYSICAL AND CHEMICAL FORM		15. INDIVIDUAL RADIONUCLIDES		16. TOTAL PACKAGE ACTIVITY MBq mCi		17. LSA/SCO CLASS		18. TOTAL WEIGHT OR VOLUME (Use appropriate units)		19. IDENTIFICATION NUMBER OF PACKAGE	
UN 2910, Radioactive material, excepted package-limited quantity of material, 7, Case		NA		NA		Solid Flood Source		Co-57		2.4642E-01 6.6600E-03		NA		20 LBS; 1.5 FT3		60489	
UN 2910, Radioactive material, excepted package-limited quantity of material, 7, Case		NA		NA		Solid Flood Source		Co-57		2.6714E-09 7.2200E-11		NA		20 LBS; 0.51 FT3		60490	
UN 2910, Radioactive material, excepted package-limited quantity of material, 7, Case		NA		NA		Solid Flood Source		Co-57		2.7380E-04 7.4000E-06		NA		30 LBS; 7.19 FT3		60491	
UN 2910, Radioactive material, excepted package-limited quantity of material, 7, Case		NA		NA		Solid Flood Source		Co-57		3.1783E-03 8.5900E-05		NA		30 LBS; 2.26 FT3		60492	
UN 2910, Radioactive material, excepted package-limited quantity of material, 7, Case		NA		NA		Solid Flood Source		Co-57		3.7000E-02 1.0000E-03		NA		30 LBS; 0.31 FT3		60493	
UN 2910, Radioactive material, excepted package-limited quantity of material, 7, Case		NA		NA		Solid Flood Source		Co-57		2.8564E-07 7.7200E-09		NA		30 LBS; 0.51 FT3		60494	
FOR CONSIGNEE USE ONLY TENNESSEE "LICENSE FOR DELIVERY" NO _____ SOUTH CAROLINA TRANSPORT PERMIT NO _____ US ECOLOGY GENERATOR NO _____ US ECOLOGY PERMIT NO _____				20.													

FORM 540A

UNIFORM LOW-LEVEL RADIOACTIVE
WASTE MANIFEST
SHIPPING PAPER (CONTINUATION)

Radiation Service Organization

8. MANIFEST NUMBER
(Use this number on all continuation pages)
16618

PAGE 2 OF 2 PAGE(S)

11. U.S. DEPARTMENT OF TRANSPORTATION DESCRIPTION (Including proper shipping name, hazard class, UN ID number, and any additional information)	12. DOT LABEL "RADIOACTIVE"	13. TRANSPORT INDEX	14. PHYSICAL AND CHEMICAL FORM	15. INDIVIDUAL RADIOISOTOPES				16. TOTAL PACKAGE ACTIVITY MBq mCi		17. LSA/SCO CLASS	18. TOTAL WEIGHT OR VOLUME (Use appropriate units)	19. IDENTIFICATION NUMBER OF PACKAGE
UN 2910, Radioactive material, excepted package-limited quantity of material, 7 , Case	NA	NA	Solid Flood Source	Co-67				3.5039E-08	9.4700E-10	NA	30 LBS; 0.51 FT3	60495
UN 2910, Radioactive material, excepted package-limited quantity of material, 7 , Case	NA	NA	Solid Flood Source	Co-67				5.9200E-06	1.6000E-07	NA	30 LBS; 0.51 FT3	60496
UN 2910, Radioactive material, excepted package-limited quantity of material, 7 , Case	NA	NA	Solid Flood Source	Co-67				1.3579E+00	3.6700E-02	NA	30 LBS; 1.42 FT3	60497
UN 2915, Radioactive material, Type A package, 7 , Drum	Yellow II	0.1	Solid Sealed Sources	Co-67 Ra-226	Cs-137 Sr-90	Eu-152	I-129	2.6303E+02	7.1090E+00	NA	30 LBS; 0.67 FT3	60498

FORM 541		Radiation Service Organization		1. MANIFEST TOTALS								2. MANIFEST NUMBER																						
UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST CONTAINER AND WASTE DESCRIPTION Additional Nuclear Regulatory Commission (NRC) Requirements for Control, Transfer and Disposal of Radioactive Waste				NUMBER OF PACKAGES/ DISPOSAL CONTAINERS	NET WASTE VOLUME		NET WASTE WEIGHT		SPECIAL NUCLEAR MATERIAL (grams)				Total	3. PAGE 1 OF 2 PAGE(S)																				
					10	m3	0.4357	kg	127.0060	U-233	U-235	Pu			NP																			
																13	lb	280.0000	NP	NP	NP													
																						ACTIVITY				SOURCE (kg)								
ALL NUCLIDES		TRITIUM		C-14		Tc-99		I-129		(kg)	NA	SHIPMENT ID NUMBER																						
MBq		2.6468E+02		NP		NP		NP					1.8500E-03		(lbs)	NA																		
mCi		7.1535E+00		NP		NP		NP		5.0000E-05		NA																						
DISPOSAL CONTAINER DESCRIPTION				WASTE DESCRIPTION FOR EACH WASTE TYPE IN CONTAINER										16. WASTE CLASSIFICATION AS-Class A Stable AU-Class A Unstable B-Class B C-Class C																				
5. CONTAINER IDENTIFICATION NUMBER/ GENERATOR ID NUMBER	6. CONTAINER DESCRIPTION (See Note 1) PROCESS REQUESTED (See Note 1A) BURIAL/DISPOSITION (See Note 2A)	7. VOLUME (m3) (R3)	8. WASTE AND CONTAINER WEIGHT (kg) (lb)	9. SURFACE RADIATION LEVEL (mSv/hr) (mrem/hr)	10. SURFACE CONTAMINATION (MBq/100 cm2) (dpm/100cm2)		11. WASTE DESCRIPTOR (See Note 2)		12. APPROXIMATE WASTE VOLUME(S) IN CONTAINER (m3) (FT3)	13. SOLIDIFICATION OR STABILIZATION MEDIA (See Note 3)	14. CHEMICAL FORM/ CHELATING AGENT	WEIGHT % CHELATING AGENT IF > 0.1%	15. RADIOLOGICAL DESCRIPTION																					
					ALPHA	BETA-GAMMA	INDIVIDUAL RADIONUCLIDES AND ACTIVITY (MBq) AND CONTAINER TOTAL OR CONTAINER TOTAL ACTIVITY AND RADIONUCLIDE PERCENT																											
<table border="1"> <thead> <tr> <th colspan="3">RADIONUCLIDES</th> <th>MBq</th> <th>mCi</th> </tr> </thead> <tbody> <tr> <td>Co-57</td> <td>2.4642E-01</td> <td>6.6600E-03</td> <td></td> <td></td> </tr> <tr> <td>Subtotal</td> <td>2.4642E-01</td> <td>6.6600E-03</td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>2.4642E-01</td> <td>6.6600E-03</td> <td></td> <td></td> </tr> </tbody> </table>															RADIONUCLIDES			MBq	mCi	Co-57	2.4642E-01	6.6600E-03			Subtotal	2.4642E-01	6.6600E-03			Total	2.4642E-01	6.6600E-03		
RADIONUCLIDES			MBq	mCi																														
Co-57	2.4642E-01	6.6600E-03																																
Subtotal	2.4642E-01	6.6600E-03																																
Total	2.4642E-01	6.6600E-03																																
60489/PROVHOSP	2	0.0425	9.0718	2.0000E-04	<1.6700E-06	<1.6700E-06	36	0.0425	NA	Flood Source/NP	NP	Co-57	2.4642E-01	6.6600E-03	AU																			
		1.6000	20.0000	2.0000E-02	<1.0000E+02	<1.0000E+02	36	1.6000	NA	Flood Source/NP	NP	Co-57	2.6714E-09	7.2200E-11	AU																			
60480/PROVHOSP	1	0.0144	9.0718	2.0000E-04	<1.6700E-06	<1.6700E-06	36	0.0144	NA	Flood Source/NP	NP	Co-57	2.6714E-09	7.2200E-11	AU																			
		0.5100	20.0000	2.0000E-02	<1.0000E+02	<1.0000E+02	36	0.5100	NA	Flood Source/NP	NP	Co-57	2.7380E-04	7.4000E-06	AU																			
60481/PROVHOSP	19 FIBERBOARD BOX	0.2036	13.6078	2.0000E-04	<1.6700E-06	<1.6700E-06	36	0.2036	NA	Flood Source/NP	NP	Co-57	2.7380E-04	7.4000E-06	AU																			
		7.1900	30.0000	2.0000E-02	<1.0000E+02	<1.0000E+02	36	7.1900	NA	Flood Source/NP	NP	Co-57	3.1783E-03	8.5900E-05	AU																			
60492/PROVHOSP	19 FIBERBOARD BOX	0.0640	13.6078	2.0000E-04	<1.6700E-06	<1.6700E-06	36	0.0640	NA	Flood Source/NP	NP	Co-57	3.1783E-03	8.5900E-05	AU																			
		2.2600	30.0000	2.0000E-02	<1.0000E+02	<1.0000E+02	36	2.2600	NA	Flood Source/NP	NP	Co-57	3.7000E-02	1.0000E-03	AU																			
60493/PROVHOSP	19 OTHER	0.0088	13.6078	2.0000E-04	<1.6700E-06	<1.6700E-06	36	0.0088	NA	Flood Source/NP	NP	Co-57	3.7000E-02	1.0000E-03	AU																			
		0.3100	30.0000	2.0000E-02	<1.0000E+02	<1.0000E+02	36	0.3100	NA	Flood Source/NP	NP	Co-57	2.8564E-07	7.7200E-09	AU																			
60494/PROVHOSP	1	0.0144	13.6078	2.0000E-04	<1.6700E-06	<1.6700E-06	36	0.0144	NA	Flood Source/NP	NP	Co-57	2.8564E-07	7.7200E-09	AU																			
		0.5100	30.0000	2.0000E-02	<1.0000E+02	<1.0000E+02	36	0.5100	NA	Flood Source/NP	NP	Co-57	2.8564E-07	7.7200E-09	AU																			

Note 1: Container Description Codes. For container/waste requiring disposal in approved structural overpacks the numerical code must be followed by "-OP."

1. Wooden Box or Crate	9. Demineralizer
2. Metal Box	10. Gas Cylinder
3. Plastic Drum or Pail	11. Bulk, Unpackaged Waste
4. Metal Drum or Pail	12. Unpackaged Components
5. Metal Tank or Liner	13. High Integrity Container
6. Concrete Tank or Liner	19. Other. Describe in item 6, or additional page
7. Polyethylene Tank or Liner	
8. Fiberglass Tank or Liner	

Note 1A: Process Requested

C	Competition
SR	Steam Reforming
DI	Direct Incineration
SI	Sort & Incinerate
D	Decon
G	Green Is Clean
M	Metal Melt
T	Trans-Ship
LI	Liquid for Incineration
OI	Oil for Incineration
O	Other (describe)

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

20. Charcoal	29. Demolition Rubble	38. Evaporator Bottoms/Sludges/Concentrates
21. Incinerator Ash	30. Cation Ion-exchange Media	39. Compactible Trash
22. Soil	31. Anion Ion-exchange Media	40. Noncompactible Trash
23. Gas	32. Mixed Bed Ion-exchange Media	41. Animal Carcass
24. Dil	33. Contaminated Equipment	42. Biological Material (except animal carcass)
25. Aqueous Liquid	34. Organic Liquid (except oil)	43. Activated Material
26. Filter Media	35. Glassware or Labware	59. Other. Describe in item 11, or additional page
27. Mechanical Filter	36. Sealed Source/Device	
28. EPA or State Hazardous	37. Paint or Plating	

NOTE 2A: Burial/Disposition Site

B	Bermwall Waste Management
E	Envirocare
R	Richland, WA
PR	Process and Return
O	Other

Note 3: Solidification and Stabilization Media Codes. (Choose up to three which predominate by volume. For media meeting disposal site structural stability requirements, the numerical code must be followed by "-S." and the media vendor and brand name must also be identified in item 13. Code 100=NONE REQUIRED)

90. Cement	94. Vinyl Ester Styrene
91. Concrete	99. Other. Describe (encapsulation) in item 13, or additional page
92. Bitumen	100. None Required.
93. Vinyl Chloride	

FORM 541A		UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST										Radiation Service Organization		2. MANIFEST NUMBER 16618		
CONTAINER AND WASTE DESCRIPTION (CONTINUATION)														3. PAGE 2 OF 2 PAGE(S)		
DISPOSAL CONTAINER DESCRIPTION						WASTE DESCRIPTION FOR EACH WASTE TYPE IN CONTAINER										16. WASTE CLASSIFICATION AS-Class A Stable AU-Class A Unstable B-Class B C-Class C
5. CONTAINER IDENTIFICATION NUMBER/ GENERATOR ID NUMBER	6. CONTAINER DESCRIPTION (See Note 1) PROCESS REQUESTED (See Note 1A) BURIAL/DISPOSITION (See Note 2A)	7. VOLUME (m3) (R3)	8. WASTE AND CONTAINER WEIGHT (kg) (lb)	9. SURFACE RADIATION LEVEL (mSv/hr) (mrem/hr)	10. SURFACE CONTAMINATION (MBq/100 cm2) (dpm/100cm2)		11. PHYSICAL DESCRIPTION (See Note 2)		12. APPROXIMATE WASTE VOLUME(S) IN CONTAINER (m3) (FY3)	13. SOLIDIFICATION OR STABILIZATION MEDIA (See Note 3)	14. CHEMICAL DESCRIPTION CHEMICAL FORM/ CHELATING AGENT	15. WEIGHT % CHELATING AGENT IF > 0.1%	15. RADIOLOGICAL DESCRIPTION INDIVIDUAL RADIONUCLIDES AND ACTIVITY (MBq) AND CONTAINER TOTAL; OR CONTAINER TOTAL ACTIVITY AND RADIONUCLIDE PERCENT			
					ALPHA	BETA-GAMMA	RADIOLOGICAL DESCRIPTION									
							RADIONUCLIDES	MBq					mCi			
60496/PROVHOSP	1	0.0144	13.8078	2.0000E-04	<1.6700E-06	<1.6700E-06	36		0.0144	NA	Flood Source/NP	NP	Co-57	3.5039E-08	9.4700E-10	AU
		0.5100	30.0000	2.0000E-02	<1.0000E+02	<1.0000E+02		0.5100					Subtotal	3.5039E-08	9.4700E-10	
60496/PROVHOSP	19 OTHER.	0.0144	13.8078	2.0000E-04	<1.6700E-06	<1.6700E-06	36		0.0144	NA	Flood Source/NP	NP	Co-57	5.9200E-06	1.6000E-07	AU
		0.5100	30.0000	2.0000E-02	<1.0000E+02	<1.0000E+02		0.5100					Subtotal	5.9200E-06	1.6000E-07	
60497/PROVHOSP	19 OTHER.	0.0402	13.8078	2.0000E-04	<1.6700E-06	<1.6700E-06	36		0.0402	NA	Flood Source/NP	NP	Co-57	1.3579E+00	3.6700E-02	AU
		1.4200	30.0000	2.0000E-02	<1.0000E+02	<1.0000E+02		1.4200					Subtotal	1.3579E+00	3.6700E-02	
60498/PROVHOSP	4	0.0190	13.8078	4.7000E-02	<1.6700E-06	<1.6700E-06	36		0.0190	NA	Sealed Sources/NP	NP	Co-57	9.3166E-10	2.5180E-11	AU
		0.6700	30.0000	4.7000E+00	<1.0000E+02	<1.0000E+02		0.6700					Subtotal	2.6303E+02	7.1090E+00	
Shipment Totals		0.4357	127.0080											2.6468E+02	7.1535E+00	
		15.3900	280.0000													



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Providence Hospital
ATTN: Gina Peel, Director of Radiology
1150 Varnum Street, N.E.
Washington, DC 20017

Date

November 29, 2016

License Number(s)

08-01728-01

Mail Control Number(s)

592387

Licensing and/or Technical Reviewer or Branch

Medical Branch

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 11/04/2016

The initial processing, which included an administrative review, has been performed.

☒ Amendment ☐ Termination ☐ New License ☐ Renewal

☒ There were no administrative omissions identified during our initial review.

☐ This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

☐ Your application for a new NRC license did not include your taxpayer identification number. Please complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>
Follow the instructions on the form for submission.

☐ The following administrative omissions have been identified:

Your application has been assigned the above listed MAIL CONTROL NUMBER. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region I
U. S. Nuclear Regulatory Commission
Division of Nuclear Materials Safety
2100 Renaissance Boulevard, Suite 100
King of Prussia, PA 19406-2713
(610) 337-5260, (610) 337-5313,
(610) 337-5398, or (610) 337-5239