



1340 Hal Greer Boulevard
Huntington, WV 25701

December 6, 2016

QH

Licensing Assistance Team
U.S. NRC Region I DNMS
Nuclear Materials Section B
2100 Renaissance Boulevard, Suite 100
King of Prussia, Pennsylvania 19406-2713

RE: **License Termination for NRC Radioactive Materials License # 47-25620-01**
Marshall Cardiology at Cabell Huntington Hospital
Erma Ora Byrd Clinical Center
1249 15th Street, Suite 4000
Huntington, WV 25701

To Whom It May Concern:

We recently submitted an amendment request to add the above location to our US NRC radioactive materials license 47-00404-02, please reference Mail Control Number 592176. As mentioned in this amendment request, this letter is to formally request termination of the 47-25620-01 license concurrent with adding the Marshall Cardiology location to our 47-00404-02 license. Attached you will find the completed NRC Form 314. Please note that the above Marshall Cardiology practice/location was recently acquired by Cabell Huntington Hospital; please refer to ADAMS accession numbers ML14252A354 and ML14317A092.

We wish for this action to be seamless so that we may continue to operate clinically without licensing interruptions. With the termination of 47-2560-01 and concurrent addition of this location to our 47-00404-02 license, there will be no change in clinical scope of practice related to radioactive materials, authorized areas, equipment, sealed sources, surveys, security, or operational policy and procedures. Please note that the 47-25620-01 license is authorized for 10 CFR 35.100 and .200 only and that Cabell Huntington Hospital is already responsible for any residual radioactivity at this location.

If there are any questions regarding this request, or should you need any further information, please do not hesitate to contact us. Questions may be directed to our Radiation Safety Officer, James Norweck, MS, DABR. Thank you for your consideration.


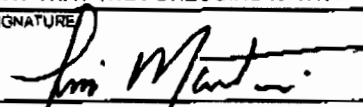
Sincerely,

A handwritten signature in black ink, appearing to read "Tim Martin".

Tim Martin, MBA, RT(R), ARRT, ASRT, ACHE
Vice President of Ancillary and Support Services
Office Phone: (304) 526-2205
Office FAX: (304) 526-2008
Email: tim.martin@chhj.org

cc: James T. Norweck, M.S., DABR, Radiation Safety Officer
Office Phone: 304-522-1550 x 234
Office FAX: 304-522-0704
Email: jnorweck@radiology-inc.com

592499
RADIOLOGICAL MATERIALS-002

NRC FORM 314 (02-2014) 10 CFR 30.28(i)(1); 40.42(i)(1); 70.38(i)(1); and 72.54(k)(5)(1)(i)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0028		EXPIRES: 02/28/2017	
 CERTIFICATE OF DISPOSITION OF MATERIALS		<small>Estimated burden per response to comply with this mandatory collection/request: 30 minutes. This submission 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 FOIA, Privacy, and Information Collection Branch (T-5 PSD), U.S. Nuclear Regulatory Commission, Washington, DC 20545-0001, or by Internet e-mail to info@nrc.gov. Resources@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEQB-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.</small>					
		LICENSEE NAME AND ADDRESS Marshall Cardiology at Cabell Huntington Hospital Erma Ora Byrd Clinical Center 1249 15th Street, Suite 4000 Huntington, WV 25701		LICENSE NUMBER 47-25620-01		DOCKET NUMBER 030-36212	
		LICENSE EXPIRATION DATE 5/31/2023					
A. LICENSE STATUS (Check the appropriate box)							
<input type="checkbox"/> This license has expired. <input checked="" type="checkbox"/> 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:							
<input 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 checked="" type="checkbox"/> a. Transfer of radioactive materials to the licensee listed below: 47-00404-02 (Cabell Huntington Hospital, 1340 Hal Greer Blvd., Huntington, WV 25701)							
<input type="checkbox"/> b. Disposal of radioactive materials:							
<input type="checkbox"/> 1. Directly by the licensee:							
<input type="checkbox"/> 2. By licensed disposal site:							
<input type="checkbox"/> 3. By waste contractor:							
<input 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.							
C. SURVEYS PERFORMED AND REPORTED							
<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 checked="" type="checkbox"/> 2. A copy of the radiation survey results:							
<input type="checkbox"/> a. is attached; or <input checked="" type="checkbox"/> b. is not attached (Provide explanation); or <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.							
The person to be contacted regarding the information provided on this form:							
NAME James Norweck, MS, DABR		TITLE Radiation Safety Officer		TELEPHONE (Include Area Code) 304-522-1550 x234		E-MAIL ADDRESS jnorweck@radiology-inc.com	
Mail all future correspondence regarding this license to: James Norweck, MS, DABR, RSO Cabell Huntington Hospital, 1340 Hal Greer Blvd., Huntington, WV 25701							
C. CERTIFYING OFFICIAL							
I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT							
PRINTED NAME AND TITLE Tim Martin, MBA, RT(R), AART, ASRT, ACHE Vice President of Ancillary and Support Services				SIGNATURE 		DATE 12/8/2016	
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.							



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee Marshall Cardiology at Cabell Huntington Hospital ATTN: Barry Wyant, Department Administrator 1249 15th Street, Suite 4000 Erma Ora Byrd Clinical Center Huntington, WV 25701	Date December 13, 2016
	License Number(s) 47-25620-01
	Mail Control Number(s) 592499
	Licensing and/or Technical Reviewer or Branch Janice Nguyen

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 12/06/2016

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:

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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