

July 10, 2019


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

Dear Sir or Madam:

Fayette Memorial Hospital d/b/a/ Fayette Regional Health System would like to terminate its Byproduct Materials License, Number 13-16518-01. The facility has ceased operations. A close-out survey was performed on January 9, 2018, the results of which are enclosed. All sealed sources have been properly disposed of and none of them were ever found to be leaking. Sealed source disposal records as well as the most recent leak test results are also enclosed.

If there are any questions concerning this termination request, please contact our Radiation Safety Officer, Mr. Patrick J. Byrne, DABR, CHP, DABSNM, at 877-317-5811.

Sincerely,



Melissa Jennings
Radiology Team Leader
(765)827-7703
melissajennings@gmail.com

RECEIVED JUL 29 2019



**Fayette
Regional**

Your Community Hospital

Close-out survey of
Fayette Memorial Hospital d/b/a Fayette Regional Health System
1941 Virginia Avenue, Connersville, Indiana, 47331

Performed by: Eddie Brewer, C.N.M.T.

Radioactive materials usage at this address of use was limited to materials licensed under 10 CFR 35.100, 200, and 300. diagnostic medical procedures in humans with technetium-99m and thallium-201, along with the use of sealed sources for equipment calibration and quality control. The last usage of radioactive materials in patients occurred on July 2, 2019.

Wipe tests for removable radioactive contamination were taken on 07/09/19 and analyzed in a Capintec Captus 600 (S/N: 600155) sodium iodide well counter. The results of the wipe tests are enclosed. The greatest wipe sample was found to have 70 disintegrations per minute removable contamination.

The radiation levels survey was performed on 07/09/19, using a Ludlum 14C Geiger-Muller survey meter (S/N: 260738). The meter was calibrated on 02/20/19. The range used for the radiation level survey was 0.0 to 0.02 mR/hr.

Visual Inspection

The area was visually inspected to ensure that all radioactive waste had been removed. No radioactive material was located in the area.

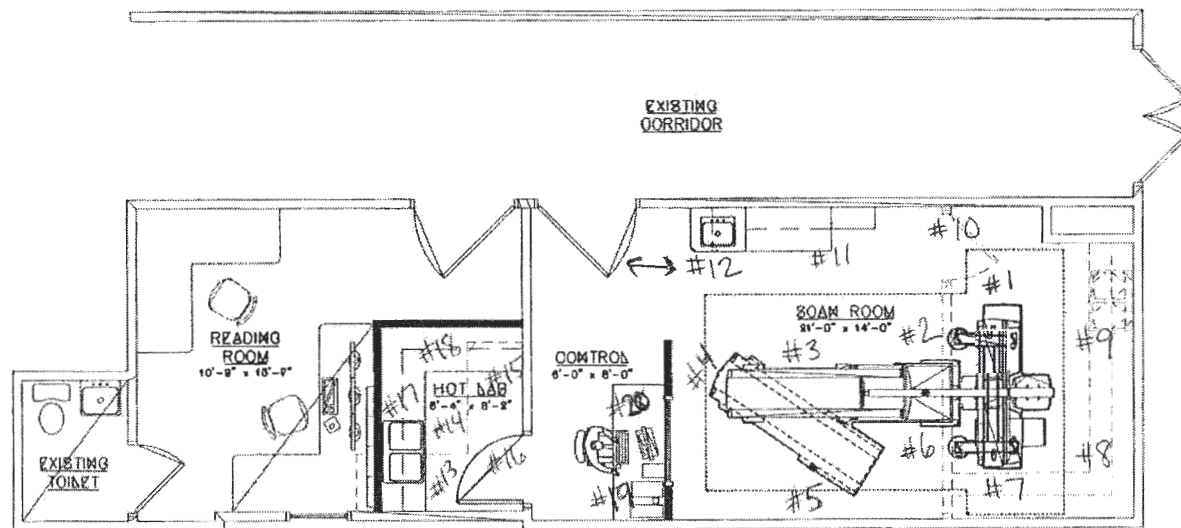
Radiation Level Survey

No area demonstrated radiation levels in excess of the background reading of 0.02 mR/hr.

Sealed Sources

All sealed sources were picked up by Bionomics, Inc. for disposal. No sealed source had ever been found to be leaking. Enclosed is a copy of the results of the last leak tests performed on the sealed sources prior to transfer as well as the disposal records.

Scan Room						Hot Lab		Counter	
#1	16 dpm	#4	10 dpm	#8	14 dpm	#11	26 dpm	#17	16 dpm
#2	54 dpm	#5	66 dpm	#9	30 dpm	#12	0 dpm	#18	4 dpm
#3	0 dpm	#6	70 dpm	#10	0 dpm	#13	2 dpm		
		#7	8 dpm			#14	38 dpm	#15	6 dpm
								#16	14 dpm



Floor Plan
SCALE - 1/4" = 1'-0"

PROJECT NO. 99073-02-2038	
DRAWN BY: DATE: Dec 18, 2007	
CHECKED BY: DATE:	
PROJECT NAME: Siemens Sybina T6 Fayette Memorial Hospital	
SHEET NUMBER: A1a	

Control Counter / Area
 #19 14 dpm
 #20 6 dpm

Scan Room

#1 .02 mR/hr #4 .02 mR/hr #8 .02 mR/hr #11 .02 mR/hr
 #2 .02 mR/hr #5 .02 mR/hr #9 .02 mR/hr
 #3 .02 mR/hr #6 .02 mR/hr #12 .02 mR/hr
 #7 .02 mR/hr #10 .02 mR/hr

Hot Lab Floor

#13 .02 mR/hr #15 .02 mR/hr
 #14 .02 mR/hr #16 .02 mR/hr

Hot Lab Counter

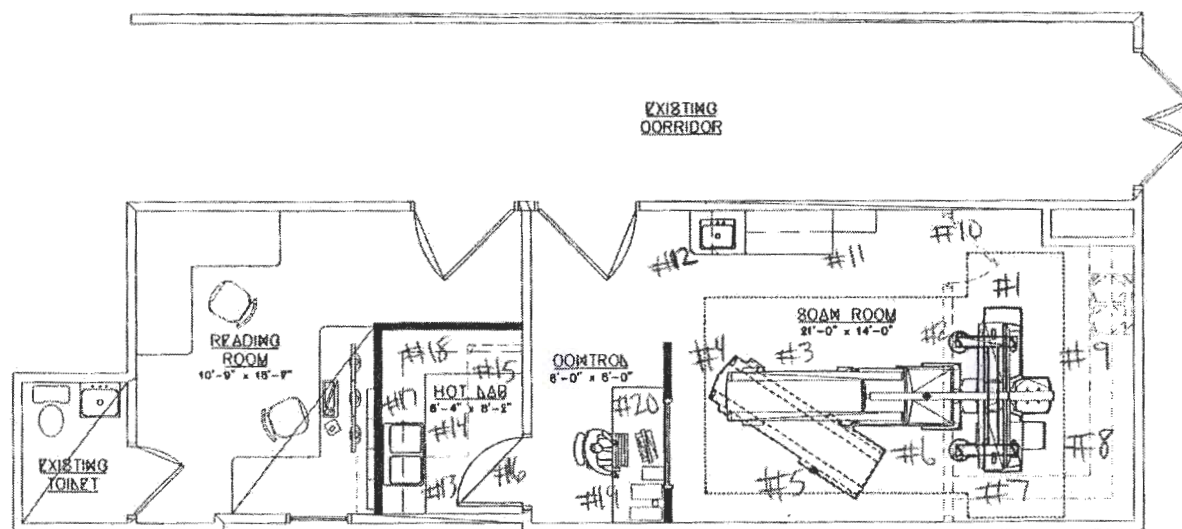
#17 .02 mR/hr
 #18 .02 mR/hr

Control Area

#19 .02 mR/hr
 #20 .02 mR/hr

Background .02 mR/hr

Survey Meter Used
 S/N 260738



Floor Plan

SCALE - 1/4"=1'-0"

PROJECT NO. 00003-02-2005	APPLIED Shaun A. Anderson
REVIEWED BY: DESIGNED BY: NCH SCALE: AS SHOWN DATE: Nov 14, 2007	
Proposed Siemens Syntia T6 Fayette Memorial Hospital	
SHEET NUMBER A1a	

Estimated burden per response to comply with this information collection request: 45 minutes. This uniform manifest is required by NRC to meet reporting requirements of Federal and State Agencies for the safe transportation and disposal of low-level waste. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 P52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to info@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOS-10202, (3150-0154), 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 HRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

FORM 540 EnergySolutions, Bear Creek Processing Operations UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST SHIPPING PAPER			5. SHIPPER - NAME AND FACILITY Fayette Regional Health System 1941 Virginia Avenue Cornersville, TN 47331		SHIPMENT ID NUMBER 07192019INKY COLLECTOR PROCESSOR		7. FORM 540 AND 540A FORM 541 AND 541A FORM 542 AND 542A ADDITIONAL INFORMATION		PAGE 1 OF 1 PAGE(S) 1 PAGE(S) NONE PAGE(S) NONE PAGE(S)		8. MANIFEST NUMBER (Use this number on all continuation pages) 0719FRHSA		
1. EMERGENCY TELEPHONE NUMBER (Include Area Code) (800) 424-9300			USER PERMIT NUMBER 0719FRHSA		X GENERATOR TYPE (Specify) M		9. CONSIGNEE - Name and Facility Address EnergySolutions, Bear Creek Processing Operations Operated By EnergySolutions 1560 Bear Creek Road Oak Ridge, TN 37830		CONTACT Fred Schultz TELEPHONE NUMBER (Include Area Code) (865) 481-0222		DATE		
ORGANIZATION CHEMTREC / CNN825454			CONTACT Melissa Jennings		TELEPHONE NUMBER (Include Area Code) (765) 827-7703		SIGNATURE - Authorized consignee acknowledging waste receipt		DATE		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 in proper condition for transportation and disposal in accordance with the requirements of 10 CFR Parts 20 and 61, or equivalent state regulation.		
2. IS THIS AN "EXCLUSIVE USE" SHIPMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			3. TOTAL NUMBER OF PACKAGES IDENTIFIED ON THIS MANIFEST 1		6. CARRIER - Name and Address Blonometrics, Inc. 1550 Bear Creek Road Oak Ridge, TN 37830		EPA I.D. NUMBER TND982116493		SHIPPING DATE 07/09/2019		TELEPHONE NUMBER (Include Area Code) 865-220-8501		
4. DOES EPA REGULATED WASTE REQUIRING A MANIFEST ACCOMPANY THIS SHIPMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes", provide Manifest Number =====			EPA MANIFEST NUMBER N/A		CONTACT John McCormick		SIGNATURE - Authorized carrier acknowledging waste receipt		DATE 7-9-19		AUTHORIZED SIGNATURE [Signature]		
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		
UN3321, Radioactive material, Low Specific Activity, (LSA-II), 7, excepted package PLASTIC 1 - FIBER BOX			NA		NA		SOLID/OXIDES		CO-57		260.480000 (7.040000)		
17. LSA/SCO CLASS			18. TOTAL WEIGHT OR VOLUME (Use appropriate units)		19. IDENTIFICATION NUMBER OF PACKAGE								
NA			3.88 R³ 5.00 lb		FRHS-02 (19-001004)								
FOR CONSIGNEE USE ONLY												20. Generator Certification Statement	
Tennessee "License For Delivery" No. _____ South Carolina Transport Permit No. _____ US Ecology Generator No. _____ US Ecology Permit No. _____												A) Radioactive Materials: Generator hereby certifies that this shipment of low-level radioactive waste has been prepared in accordance with the current version of the site Material Acceptance Criteria. B) Hazardous Materials: Generator hereby certifies that this material does not contain a hazardous waste as defined in 40 CFR 261.3. C) Other: Generator hereby represents and warrants that all data set forth in this (UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST) are true and correct in all respects and in accordance with all applicable governmental laws, rules, regulations and state Radioactive Material Licenses. D) INFLAMMABLE SUBSTANCE: Generator hereby certifies that this material does not contain an Inflammable substance as defined in 49CFR 173.134. [Signature] Roger E. Brewer [Signature] [Signature] Print Name Signature Date 7-9-19	

Estimated burden per response to comply with this information collection request: 45 minutes. This uniform manifest is required by NRC to meet reporting requirements of Federal and State Agencies for the safe transportation and disposal of low-level waste. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (7-5 F32), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to infocollect@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOS-010202, (2150-0104), 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.

FORM 540 EnergySolutions, Bear Creek Processing Operations UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST SHIPPING PAPER			5. SHIPPER - NAME AND FACILITY Fayette Regional Health System 1941 Virginia Avenue Cornersville, TN 47331		SHIPMENT ID NUMBER 07192019INKY COLLECTOR PROCESSOR		7. FORM 540 AND 540A FORM 541 AND 541A FORM 542 AND 542A ADDITIONAL INFORMATION		PAGE 1 OF 1 PAGE(S) 1 PAGE(S) NONE PAGE(S) NONE PAGE(S)		8. MANIFEST NUMBER (Use this number on all continuation pages) 0719FRHSA	
1. EMERGENCY TELEPHONE NUMBER (Include Area Code) (800) 424-9300			USER PERMIT NUMBER 0719FRHSA		X GENERATOR TYPE (Specify) M		9. CONSIGNEE - Name and Facility Address EnergySolutions, Bear Creek Processing Operations Operated By EnergySolutions 1560 Bear Creek Road Oak Ridge, TN 37830		CONTACT Fred Schutz TELEPHONE NUMBER (Include Area Code) (865) 481-0222		DATE	
ORGANIZATION CHEMTREC / CNN825454			CONTACT Melissa Jennings		TELEPHONE NUMBER (Include Area Code) (765) 827-7703		SIGNATURE - Authorized consignee acknowledging waste receipt		DATE		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 in proper condition for transportation and disposal in accordance with the requirements of 10 CFR Parts 20 and 61, or equivalent state regulation.	
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 1		6. CARRIER - Name and Address Blonomics, Inc. 1550 Bear Creek Road Oak Ridge, TN 37830		EPA I.D. NUMBER TND982116493		SHIPPING DATE 07/09/2019		TELEPHONE NUMBER (Include Area Code) 865-220-8501	
4. DOES EPA REGULATED WASTE REQUIRING A MANIFEST ACCOMPANY THIS SHIPMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes", provide Manifest Number =====			EPA MANIFEST NUMBER N/A		CONTACT John McCormick		SIGNATURE - Authorized carrier acknowledging waste receipt <i>John C. McCormick</i>		DATE 7-9-19		AUTHORIZED SIGNATURE <i>Roger E. Brewer</i>	
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 : (7.040000)	
UN2910, Radioactive material, excepted package-limited quantity of material, 7 PLASTIC 1 - FIBER BOX			NA		NA		SOLID/OXIDES		CO-57		NA	
17. LSA/SCO CLASS			18. TOTAL WEIGHT OR VOLUME (Use appropriate units)		19. IDENTIFICATION NUMBER OF PACKAGE							
NA			3.88 m ³ 5.00 lb		FRHS-02 (19-001004)							
FOR CONSIGNEE USE ONLY Tennessee "License For Delivery" No. _____ South Carolina Transport Permit No. _____ US Ecology Generator No. _____ US Ecology Permit No. _____					20. Generator Certification Statement A) Radioactive Materials. Certification is hereby made that this shipment of low-level radioactive waste has been prepared in accordance with a radioactive waste management program which has been approved by the Nuclear Regulatory Commission or an Agreement State regulatory agency and with the current revision of the site Material Acceptance Criteria. B) Hazardous Materials. Generator hereby certifies that this material does not contain a hazardous waste as defined in 40 CFR 261. C) Dose. Generator hereby represents and warrants that all data set forth in this (FORM) LOW-LEVEL RADIOACTIVE WASTE MANIFEST are true and correct in all respects and in accordance with all applicable governmental laws, rules, regulations and site Radioactive Material Licenses. D) DISCLOSURE SUBSTANCE: Generator hereby certifies that this material does not contain an infectious substance as defined in 49CFR 173.194. <i>Roger E. Brewer</i> Print Name <i>[Signature]</i> Signature 7-9-19 Date							

Estimated burden per response to comply with this information collection request: 45 minutes. This uniform manifest is required by NRC to meet reporting requirements of Federal and State Agencies for the safe transportation and disposal of low-level waste. Send comments regarding burden estimate to the Records and Privacy Service Branch (1-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to infocollections@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NRC-10202, (3150-0164), Office of Management and Budget, Washington, DC 20503. If a measure 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.

FORM 540		Biomedics, Inc.		5. SHIPPER - NAME AND FACILITY		SHIPMENT ID NUMBER		7. FORM 540 AND 540A		PAGE 1 OF 1 PAGE(S)		8. MANIFEST NUMBER			
UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST SHIPPING PAPER				Biomedics, Inc. for Fayette Regional Health System 1941 Virginia Avenue Cornersville, IN 47331		07092019INKY		FORM 541 AND 541A FORM 542 AND 542A ADDITIONAL INFORMATION		1 PAGE(S) NONE PAGE(S) NONE PAGE(S)		(Use this number on all continuation pages) 0719FRHS			
1. EMERGENCY TELEPHONE NUMBER (Include Area Code) (800) 424-9300				USER PERMIT NUMBER		SHIPMENT NUMBER 0719FRHS		X GENERATOR TYPE (Specify) M		9. CONSIGNEE - Name and Facility Address Biomedics, Inc. Operated By Biomedics, Inc. 1550 Bear Creek Road Oak Ridge, TN 37830				CONTACT John McCormick TELEPHONE NUMBER (Include Area Code) (865) 220-8501	
ORGANIZATION CHEMTREC / CNN825454				CONTACT Melissa Jennings		TELEPHONE NUMBER (Include Area Code) (765) 627-7703		EPA I.D. NUMBER TND982116493		SIGNATURE - Authorized consignee acknowledging waste receipt				DATE	
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 1		6. CARRIER - Name and Address Biomedics, Inc. 1550 Bear Creek Road Oak Ridge, TN 37830		SHIPPING DATE 07/09/2019		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 in proper condition for transportation and disposal in accordance with the requirements of 10 CFR Parts 20 and 61, or equivalent state regulation.					
4. DOES EPA REGULATED WASTE REQUIRING A MANIFEST ACCOMPANY THIS SHIPMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes", provide Manifest Number =====				EPA MANIFEST NUMBER N/A		CONTACT John McCormick		TELEPHONE NUMBER (Include Area Code) 865-220-8501		DATE 7-9-19				AUTHORIZED SIGNATURE John McCormick	
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	
UN2915, RADIOACTIVE MATERIAL, TYPE A PACKAGE, 7 SEALED SOURCES 1 - 5 GAL METAL DRUM				NA		NA		SOLID/OXIDES		CO-57 ; CS-137 ; GD-153		257.209570 (6.951610)		NA	
												0.68 R ³ 20.00 lb		19. IDENTIFICATION NUMBER OF PACKAGE FRHS-01 (19-001005)	
FOR CONSIGNEE USE ONLY				--- Record Waste Description Inadequate --- Contamination or Leakage Detected --- Unexpected Exposure Rates Detected --- Labels, Markings, etc. Inadequate --- Container Integrity Inadequate --- Other --- No Violations Detected on this Shipment		20. TERMS AND CONDITIONS A. HAZARDOUS MATERIALS: Generator represents and warrants that Waste Material is (or) is not hazardous waste as defined in 40 CFR 261. Where the material is a hazardous waste, this shipment is also accompanied by a separate and completed hazardous waste manifest, along with the appropriate land disposal restriction label and/or certification as required by 40 CFR 268.1. B. TITLE: Upon acceptance at the disposal site by EnergySolutions, Inc. and all appropriate regulatory authorities, title to the Waste Material which conforms to Generator's representations herein shall thereupon transfer from Generator and be vested in EnergySolutions, Inc. C. WASTE MATERIAL: Generator represents and warrants that all data set forth in this UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST are true and correct in all respects and in accordance with all applicable governmental laws, rules, and regulations and Enforcement of Title, Inc.'s facility license. D. INDEMNIFICATION: Generator agrees to indemnify EnergySolutions, Inc., its officers, employees, and agents against all losses and liability whatsoever if such losses or liability results from the failure of the Waste Material to conform to all material requests in the data supplied on the UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST, or if this shipment fails to meet the standards prescribed by the Department of Transportation or any governmental agency having jurisdiction over such matters.									

Estimated burden per response to comply with this information collection request: 3.3 hours. This uniform manifest is required by NRC to meet reporting requirements of Federal and State Agencies for the safe transportation and disposal of low-level waste. Send comments regarding burden estimate to the Records and FBI/Privacy Services Branch (7-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to info@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NE03-10202, (3150 D166), Office of Management and Budget, Washington, DC 20503. If a manifest 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.

FORM 541		Bionomics, Inc.		1. MANIFEST TOTALS										2. MANIFEST NUMBER		
UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST				NUMBER OF PACKAGES/ DISPOSAL CONTAINERS		NET WASTE VOLUME		NET WASTE WEIGHT		SPECIAL NUCLEAR MATERIAL (grams)				0719FRHS		
CONTAINER AND WASTE DESCRIPTION										U-233		U-235		Pu		
Additional Nuclear Regulatory Commission (NRC) Requirements for Control, Transfer and Disposal of Radioactive Waste										NP		NP		NP		
ACTIVITY (MBq/mCi) (LLD UNITS Bq/Ci)										C-14		Tc-99		I-129		
ALL NUCLIDES										NP		NP		NP		
MSq										NP		NP		NP		
mCi										NP		NP		NP		
SOURCE										NP		NP		NP		
SHIPMENT ID NUMBER										NP		NP		NP		
07092019INKY										NP		NP		NP		
DISPOSAL CONTAINER DESCRIPTION																
6. CONTAINER IDENTIFICATION NUMBER	7. CONTAINER DESCRIPTION (See Note 1 & 1A)	8. VOLUME m³	9. WASTE AND CONTAINER WEIGHT kg	10. SURFACE RADIATION LEVEL mSv/hr	11. SURFACE CONTAMINATION MBq/100 cm²	12. PHYSICAL DESCRIPTION	13. SOLIDIFICATION OR STABILIZATION MEDIA	14. CHEMICAL DESCRIPTION	15. WEIGHT % CHELATING AGENT IF > 0.1%	16. RADIOLOGICAL DESCRIPTION				17. WASTE CLASSIFICATION		
INDIVIDUAL RADIONUCLIDES AND ACTIVITY AND CONTAINER TOTAL ACTIVITY AND RADIONUCLIDE PERCENT																
RADIONUCLIDES																
pCi/gm																
MBq																
mCi																
19-001005 (FRHS-01)	4	0.0193	9.07	0	< 0.00000334	< 0.0000167	H 36	0.0193	100	SOLID OXIDES / NP	NP	CO-57	78484.560147	1.317200	0.035600	AU
Origin: IN		0.6800	0.01	0.9 mSv/hr	< 20	< 1000		0.6800				CS-137	189619.579164	3.182370	0.086010	
Fayette Regional Health System												GD-153	15057571.511339	252.710000	6.830000	
1941 Virginia Avenue												Sub Total	18325675.650650	257.209570	6.951610	
Cornersville, IN 47331																
Package Total													13325675.650650	257.209570	6.951610	
Shipment Total														257.209570	6.951610	
		0.0193	9.07													
		0.6800	0.01													

NOTE 1: Container Description Codes. For containers/wraps requiring disposal in approved structural overpacks, the numerical code must be followed by "OP."

1. Wooden Box or Crate	8. Drum/Canister
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 11, or additional page
7. Polyethylene Tank or Liner	
8. Fiberglass Tank or Liner	

NOTE 1A: Bulk Packaging Description Codes (Choose one code as may be applicable.)

A. Gondola
B. Intermediate
C. End-ump
D. Roll-off
E. Seaway

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

20. Charcoal	29. Decalcification Residue	38. Evaporator Bottoms/Sludge/Concentrates
21. Incinerator Ash	30. Carbon Ion-exchange Media	39. Compressible Trash
22. Soil	31. Air-ion Ion-exchange Media	40. Noncompressible Trash
23. Sludge	32. Mixed Used Ion-exchange Media	41. Animal Carcass
24. Oil	33. Carbon Ion-exchange Media	42. Biological Material (except animal carcass)
25. Aerosol Liquid	34. Organic Liquid (except oil)	43. Activated Material
26. Filter Media	35. Cleanroom or Laboratory	44. 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: Specific Waste Descriptors (Choose all applicable codes.)

G. Depleted	
H. Solid	
I. Compressible	
J. Non-compressible	
K. Air Pollution Fibers	
L. Asbestos	

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 11. Code 100=None Required

90. Cement	94. Vinyl Ester Styrene
91. Concrete (encapsulated)	95. Other, Describe in Item 11, or additional page
92. Bitumen	100. None Required
93. Vinyl Chloride	



Sealed Source Leak Test

Licensee: Fayette Memorial Hospital

Date: 05/14/19

Performed by: Patrick Byrne

Nuclide	Type	Calibration	Calibration	Location	M/N	S/N
		Activity	Date			
Cs-137	Vial	205 uCi	09/29/80	Hot Lab	NES-356	3560980A07
Current Activity: 83.954uCi						
Co-57	Flood	10 mCi	12/28/18	Hot Lab	BM01L-10	BM01L10183321
Current Activity: 7.044mCi						
Gd-153	Rod	10 mCi	01/01/19	Scanner	HEGL-0133	R1-697
Current Activity: 6.833mCi						

Comment: The sources listed above were leak tested using a dry wipe technique and were found to have less than 0.005 uCi removable activity. The leak test wipes were analyzed using instrumentation capable of detecting 185 Bq (0.005 uCi) radioactivity on the wipe.

RADIATION SAFETY OFFICER: _____

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PS00001000014

EP14F July 2013
OD: 12.5 x 9.5



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02 4N
0000364111 JUL 25 2019



7015 1520 0001 5685 9047



[Handwritten signature]

RECEIVED JUL 29 2019



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