

11-82)
10 CFR 30.36(d)(1)(iv)
10 CFR 40.42(d)(1)(iv)
10 CFR 70.38(d)(1)(iv)

CERTIFICATE OF DISPOSITION OF MATERIALS

(All items MUST be completed, please print)

LICENSEE NAME AND ADDRESS

The West Virginia School of Osteopathic Medicine
400 North Lee Street
Lewisburg, West Virginia 24901

LICENSE NUMBER

47-19315-01

LICENSE EXPIRATION DATE

30 June 1985

THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT: (Check and/or complete the appropriate item(s) below.)

A. MATERIALS DATA (Check one and complete, as necessary)

- ☐ 1. NO MATERIALS HAVE EVER BEEN POSSESSED OR PROCURED BY THE LICENSEE UNDER THIS LICENSE.
- OR
- ☐ 2. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN TRANSFERRED ON
- DATE _____ TO _____ WHICH HAS NRC LICENSE NUMBER _____
- OR
- ☐ 3. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN TRANSFERRED ON
- DATE _____ TO _____ WHICH HAS LICENSE NUMBER _____ ISSUED BY THE STATE OF _____
- OR
- ☒ 4. MATERIALS HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER. (Describe specific disposal procedures—if additional space is needed, use the reverse of this form, or provide attachments)
- Accounts for Removal in Past yrs with:*
RAD Services, Inc. P.O. Box 599 Laurel, MD 20810
Triangle Research Industries P.O. Box 599 Laurel, MD 20810
The Isotopes presently in Waste Storage are to be removed by
RAD Services, Inc. P.O. Box 599 Laurel, MD 20810
whom contract approved by Board of Regents /State of West Virginia

B. OTHER DATA

- ☐ 1. OUR LICENSE HAS NOT YET EXPIRED; PLEASE TERMINATE IT.
- ☐ 2. WAS A RADIATION SURVEY CONDUCTED TO CONFIRM THE ABSENCE OF LICENSED RADIOACTIVE MATERIALS AND TO DETERMINE WHETHER ANY CONTAMINATION REMAINS ON THE PREMISES COVERED BY THE LICENSE? (Check one)
- ☒ NO Some waste material continues on campus in storage areas with radiation safety precautions observed. We wish to continue our license and ARE ATTACHED, OR ARE IN APPLICATION FOR RENEWAL. WERE FORWARDED TO NRC ON (Date) _____
- ☐ YES. THE RESULTS (Check one)
3. THE PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM
- NAME _____ TELEPHONE NUMBER _____
Dr. Joan L. Moore, Dept. of Radiology 1-304-645-6270
4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO
- Dr. Joan L. Moore, Dept. Radiology % The West Virginia School of Osteopathic Medicine
400 North Lee Street Lewisburg, W.V. 24901

RETURN TO:

DIRECTOR, DIVISION OF FUEL CYCLE AND MATERIAL SAFETY
OFFICE OF NUCLEAR MATERIAL SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20545

8508120704 850724

REG2 LIC30

47-19315-01

PDR

CERTIFYING OFFICIAL

SIGNATURE

DATE

PRINTED NAME AND TITLE

ROBERT C. DALGLEISH, PH.D.
DEAN FOR SERVICE & RESEARCH
WEST VIRGINIA SCHOOL OF
OSTEOPATHIC MEDICINE

445-3220

CONVERSATION RECORD

TIME

8:45 AM

DATE

7/8/85

TYPE

☐ VISIT☐ CONFERENCE☒ TELEPHONE☐ INCOMING☒ OUTGOING

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Dr. Joan L. Moore

ORGANIZATION (Office, dept., bureau, etc.)

West Va School of
Biological Sciences

TELEPHONE NO.

304-
445-~~4444~~
-3220

SUBJECT

Renewal of Lic. # 47-19315-01
Control #

SUMMARY

Asked Dr. Moore the following questions:

1. Any real source on hand? NO2. Any gas chromatographs on hand in use? NO3. ~~Do you have~~ Any animal studies? NO4. Use everything ^{hand listed} on the old license and
535 and I, 25? Yes(Dr. Moore checked on animal use and later
called me on 7/15/85 to report that none
are being performed)

ACTION REQUIRED

Issue renewal with above items
in mind.

NAME OF PERSON DOCUMENTING CONVERSATION

PAUL R. GUINN

SIGNATURE

Paul R. Guinn

DATE

7/15/85

ACTION TAKEN

SIGNATURE

TITLE

DATE