

CERTIFICATE OF DISPOSITION OF MATERIALS

(All items MUST be completed, please print)

LICENSEE NAME AND ADDRESS BROWN COUNTY GENERAL HOSPITAL 425 HOME STREET GEORGETOWN, OHIO 45121	LICENSE NUMBER 34-18884-01
	LICENSE EXPIRATION DATE 03/31/85

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)

<input type="checkbox"/>	1. NO MATERIALS HAVE EVER BEEN POSSESSED OR PROCURED BY THE LICENSEE UNDER THIS LICENSE.		
OR			
<input type="checkbox"/>	2. 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	
OR			
<input type="checkbox"/>	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			
<input checked="" type="checkbox"/>	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)		
Radioactive materials are all sent back to Syncor, Inc. BLUE ASH, OHIO, 45236.			
Xenon tubing is stored until reading is at background level seven half-lives and is then disposed of in regular trash.			

B. OTHER DATA

<input type="checkbox"/>	1. OUR LICENSE HAS NOT YET EXPIRED; PLEASE TERMINATE IT.
<input type="checkbox"/>	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)
<input type="checkbox"/>	NO
<input type="checkbox"/>	YES, THE RESULTS (Check one)
<input type="checkbox"/>	ARE ATTACHED, OR
<input type="checkbox"/>	WERE FORWARDED TO NRC ON (Date)
<input type="checkbox"/>	3. THE PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM
NAME	TELEPHONE NUMBER
TAMMY L. NEWMAN, JULIE ANN FARRELL M.D., KATHY FLETCHER	513-378-6121
4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO	
180 Corn	

RETURN TO: DIRECTOR, DIVISION OF FUEL CYCLE AND MATERIAL SAFETY OFFICE OF NUCLEAR MATERIAL SAFETY AND SAFEGUARDS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555	CERTIFYING OFFICIAL SIGNATURE Robert E. Burkett PRINTED NAME AND TITLE ROBERT E. BURKETT, ASSISTANT ADMINISTRATOR	DATE 2-28-85
8512090379 850228 NMSS LIC30 34-18884-01 PDR	18752 mL30 il	

MATERIALS DATA INPUT - INDUSTRIAL, MEDICAL, SOURCE/SPECIAL NUCLEAR

A. TYPE OF ACTION AND IDENTIFICATION CODES

<input checked="" type="checkbox"/> NEW LICENSE	<input type="checkbox"/> AMENDMENT TO RENEW LICENSE	<input type="checkbox"/> AMENDMENT TO TERMINATE	<input checked="" type="checkbox"/> VOID	DOCKET NUMBER	MAIL CONTROL NUMBER	CHANGE NAME/ADDRESS ("X" box)
<input type="checkbox"/> NEW LICENSE AND NEW LICENSEE	<input type="checkbox"/> OTHER AMENDMENT	<input type="checkbox"/> CLERICAL CHANGE NO AMENDMENT	5	030-17306	18752	<input type="checkbox"/>

B. INDICATIVE INFORMATION

INDIVIDUAL LICENSEES	NAME (Last, First, Middle)	NAME (Last, First, Middle)			
	NAME (Last, First, Middle)	NAME (Last, First, Middle)			
	NAME (Last, First, Middle)	NAME (Last, First, Middle)			
ORGANIZATION LICENSEES	ORGANIZATION NAME (Alphabetic Sequence) Brown County General Hospital				
	DEPARTMENT OR BUREAU				
ADDRESS	BUILDING, STREET Home Street	CITY Georgetown			
	STATE OH	ZIP CODE 45121			
TYPE OF APPLICANT	<input type="checkbox"/> U.S. GOVERNMENT AGENCY	DATE REQUEST RECEIVED	INSTITUTION CODE	PENDING PROG. CODE	ACTUAL PROG. CODE
	<input type="checkbox"/> INDIVIDUAL LICENSEE	03/06/85	18444		
	<input type="checkbox"/> ORGANIZATIONAL LICENSEE				
SECONDARY PROGRAM CODES (As required)					
#1		#2	#3	#4	#5
LICENSE NUMBER		DATE LICENSE ISSUED OR ACTION COMPLETED	EXPIRATION DATE		
APPLICANT'S COMMUNICATION DATED		CLASSIFICATION	ASSIGNED TO	RESULTING AMENDMENT NUMBER	

ENCLOSURES

UNCLASSIFIED DESCRIPTION

DISTRIBUTION

OK LPMB

OTHER REFERRALS

NAME	DATE	NAME	DATE



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

3/11/85

BETWEEN: William O. Miller, Chief
License Fee Management Branch
Office of Administration

Regional License Section
Material Licensing Branch
FCMS, Office of Nuclear Material
Safety & Safeguards

LICENSE FEE TRANSMITTAL

A. REGION III

1. APPLICATION ATTACHED

Applicant/Licensee:

Application Dated:

Control No.:

License No.:

Brown County General Hosp.
2/28/85
18752
34-18884-01

2. FEE ATTACHED

Amount:

Check No.:

3. COMMENTS

Signed

Date

B. LICENSE FEE MANAGEMENT BRANCH

1. Fee Category and Amount:

2. Correct Fee Paid. Application may be processed for:

Amendment

Renewal

License

Tom
FEE EXEMPT

RECEIVED

MAR 18 1985

REGION III

Signed

Date

CO
3/12/85