

## MATERIALS LICENSE

Amendment No. 04

Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and Title 10, Code of Federal Regulations, Chapter I, Parts 30, 31, 32, 33, 34, 35, 36, 39, 40, and 70, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer byproduct, source, and special nuclear material designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the regulations of the applicable Part(s). This license shall be deemed to contain the conditions specified in Section 183 of the Atomic Energy Act of 1954, as amended, and is subject to all applicable rules, regulations, and orders of the Nuclear Regulatory Commission now or hereafter in effect and to any conditions specified below.

## OFFICIAL RECORD COPY

|  |  |  |  |
|--|--|--|--|
| Licensee   |  | In accordance with the letter dated October 15, 1996,                          |  |
| 1. Radiology and Imaging, Inc.<br>c/o Glastonbury Radiology                |  | 3. License Number 06-28141-01 is amended in its entirety to read as follows:   |  |
| 2. 300 Hebron Avenue<br>Glastonbury, Connecticut 06033                     |  | 4. Expiration Date January 31, 2004  |  |
|  |  | 5. Docket or Reference No. 030-30365   |  |
| 6. Byproduct, Source, and/or Special Nuclear Material                      | 7. Chemical and/or Physical Form   | 8. Maximum Amount that Licensee May Possess at Any One Time Under This License |  |
| A. Any byproduct material identified in 10 CFR 35.100                      | A. Any radiopharmaceutical identified in 10 CFR 35.100                           | A. As needed   |  |
| B. Any byproduct material identified in 10 CFR 35.200                      | B. Any radiopharmaceutical identified in 10 CFR 35.200 except generators and gas | B. As needed   |  |
| 9. Authorized use  |  |  |  |
| A. Any uptake, dilution and excretion procedure approved in 10 CFR 35.100. |  |  |  |
| B. Any imaging and localization procedure approved in 10 CFR 35.200.       |  |  |  |

## CONDITIONS

10. Licensed material may be used only at the licensee's facilities located at 300 Hebron Avenue, Glastonbury, Connecticut.
11. The Radiation Safety Officer for this license is James A. Danigelis, M.D.
12. Licensed material listed in Item 6 above is only authorized for use by, or under the supervision of, the following individuals for the materials and uses indicated:
- | Authorized Users         | Material and Use |
|--------------------------|------------------|
| Jonathan Berger, M.D.    | 35.100; 35.200   |
| James A. Danigelis, M.D. | 35.100; 35.200   |
| Helena Cihak, M.D.       | 35.100; 35.200   |
13. In addition to the possession limits in Item 8, the licensee shall further restrict the possession of licensed material to quantities below the minimum limit specified in 10 CFR 30.35(d), 40.36(b), and 70.25(d) for establishing financial assurance for decommissioning.



**MATERIALS LICENSE  
SUPPLEMENTARY SHEET**

License Number 06-28141-01

Docket or Reference Number 030-30365

Amendment No. 04

14. The licensee is authorized to transport licensed material in accordance with the provisions of 10 CFR Part 71, "Packaging and Transportation of Radioactive Material."
15. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents, including any enclosures, listed below, except for minor changes in the medical use radiation safety procedures as provided in 10 CFR 35.31. The U.S. Nuclear Regulatory Commission's regulations shall govern unless the statements, representations, and procedures in the licensee's application and correspondence are more restrictive than the regulations.
- A. Application dated January 15, 1993  
B. Letter dated October 15, 1996

For the U.S. Nuclear Regulatory Commission

**ORIGINAL SIGNED BY:  
JO ANN V. STAMBAUGH**

By  
Division of Nuclear Materials Safety  
Region I  
King of Prussia, Pennsylvania 19406

Date FEB - 1 1997

FEB - 1 1997

James A. Danigelis, M.D.  
Radiation Safety Officer  
Radiology and Imaging, Inc.  
c/o Glastonbury Radiology  
300 Hebron Avenue  
Glastonbury, CT 06033

Dear Dr. Danigelis:

This refers to your license amendment request. Enclosed with this letter is the amended license. Please note that as part of this amendment, in accordance with 10 CFR 30.36, effective February 15, 1996, the expiration date of your license has been extended by a period of five years. Your new expiration date is stated in Item 4 of the license.

Please review the enclosed document carefully and be sure that you understand and fully implement all the conditions incorporated into the amended license. If there are any errors or questions, please notify the U.S. Nuclear Regulatory Commission, Region I Office, Licensing Assistance Team, (610) 337-5093 or 5239, so that we can provide appropriate corrections and answers.

Thank you for your cooperation.

Sincerely,

**Original Signed By:**

JoAnn V. Stambaugh  
Division of Nuclear Materials Safety

License No. 06-28141-01  
Docket No. 030-30365  
Control No. 123829

Enclosure:

Amendment No. 04

DOCUMENT NAME: R:\WPS\MLTR\L0628141.01

To receive a copy of this document, indicate in the box: "C" = Copy w/o attach/encl "E" = Copy w/ attach/encl "N" = No copy

|        |               |                                       |         |                          |                          |                          |                          |
|--------|---------------|---------------------------------------|---------|--------------------------|--------------------------|--------------------------|--------------------------|
| OFFICE | DNMS/RI       | <input checked="" type="checkbox"/> N | DNMS/RI | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME   | Stambaugh/jvs | <i>[Signature]</i>                    |         |                          |                          |                          |                          |
| DATE   | 11/18/96      | 11/13/96                              | 11/ /96 | 11/ /96                  | 11/ /96                  | 11/ /96                  |                          |

OFFICIAL RECORD COPY **ML 10**



# *East Hartford Radiology Group, P.C.*

477 Connecticut Boulevard • East Hartford, CT 06108 • Tel. 289-6451 • Fax 289-2720

U.S. Nuclear Regulatory Commission  
Region I  
475 Allendale Road  
King of Prussia  
Pennsylvania, 19406-1415

October 15, 1996

RE: NRC license number 06-28141-01, Docket number 030-30365

To whom it may concern:

Effective October 1, 1996, the licensee name and address for the above license are changed

from: The East Hartford Radiology Group, P.C.  
477 Connecticut Boulevard  
East Hartford, Connecticut, 06108

to: Radiology and Imaging, Inc.

c/o Glastonbury Radiology  
300 Habron Avenue  
Glastonbury, Connecticut,

No other changes are requested at this time.

Sincerely,

A handwritten signature in dark ink, appearing to read "James A. Danigelis".

James A. Danigelis, M.D.  
Radiation Safety Officer

Lyman B. Fogg, M.D.  
Jonathan Berger, M.D.  
James A. Danigelis, M.D.  
Deepak Bramhavar, M.D.  
Wayne J. Gillette, M.D.  
Frederick J. Shuler, M.D.

OFFICIAL RECORD COPY ML 10

123829

OCT 25 1996

## LICENSE FEE REQUIREMENTS

LICENSE FEE AND DEBT COLLECTION BRANCH  
DIVISION OF ACCOUNTING AND FINANCE  
OFFICE OF THE CONTROLLER  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001EAST HARTFORD RADIOLOGY GROUP, P.C.  
ATTN: JAMES A. DANIGELIS, M.D.  
RADIATION SAFETY OFFICER  
477 CONNECTICUT BOULEVARD  
EAST HARTFORD, CT 06108

## TYPE OF ACTION

- ☐ NEW LICENSE  
☐ RENEWAL OF LICENSE  
☒ AMENDMENT TO LICENSE

REQUESTED DATE

10-15-96

LICENSE NUMBER

06-28141-01

CONTROL NUMBER

123829

## I. APPLICATION FEE DUE

Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of the enclosed Federal Register notice. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.

| FEE CATEGORY | APPLICATION | RENEWAL | AMENDMENT |
|--------------|-------------|---------|-----------|
| 7C           | \$          | \$      | \$ 440.00 |
|              | \$          | \$      | \$        |
|              | \$          | \$      | \$        |
|              | \$          | \$      | \$        |
|              | \$          | \$      | \$        |
|              | \$          | \$      | \$        |
|              | \$          | \$      | \$        |
|              | \$          | \$      | \$        |
|              | \$          | \$      | \$        |

|                  |    |        |
|------------------|----|--------|
| FEE(s) DUE       | \$ | 440.00 |
| PAYMENT RECEIVED | \$ | 0.00   |
| AMOUNT DUE       | \$ | 440.00 |

☒ Your request was received without the prescribed application fee.

☐ We received your Check No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_. Payment of the additional fee noted above is required.

☐ Your request will increase the scope of your license program. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(d)(2).

☐ Your license expired prior to the receipt of your application for renewal. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(a).

MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM THE DATE LISTED BELOW, WE SHALL ASSUME THAT YOU DO NOT WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS ACTION.

## II. FEE NOT REQUIRED

- ☐ Enclosed is Check No. \_\_\_\_\_ which accompanied your request. The fee is not required because:
- ☐ We received your Check No. \_\_\_\_\_ in payment of the fee.
- ☐ The Licensing staff has informed us that your request is to be considered as a continuation of your request dated \_\_\_\_\_, Control No. \_\_\_\_\_.
- ☐ Your request was combined, prior to review, with your request, Control No. \_\_\_\_\_.

## III. CHECK RETURNED

- ☐ Enclosed is Check No. \_\_\_\_\_ which was returned to us by the bank for:
- ☐ INSUFFICIENT FUNDS
- ☐ ACCOUNT CLOSED
- ☐ OTHER

MAIL THE REPLACEMENT CHECK TO THE ADDRESS LISTED AT THE TOP OF THIS FORM AND REFERENCE THE ABOVE CONTROL NUMBER.

## IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE

- ☐ License No. \_\_\_\_\_, Amendment No. \_\_\_\_\_, issued on \_\_\_\_\_, was issued without the required fee being collected. The fee required is noted in Section I of this form.
- ☐ The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section 1 of this form. Refer to Section 170.31 and Footnote 1(d)(2).
- ☐ Because of the urgency of your request, the license was issued without remittance of the prescribed fee noted in Section 1 of this form.

SIGNATURE -- LICENSE FEE ANALYST

LFDCB

LFDCB

BB 1/1

BRENDA BROWN 301-415-6055

12/4/96

Distribution:

|          |                       |
|----------|-----------------------|
| Region I | LFARB R/F             |
| Pending  | OC/DAF R/F            |
| BBrown   | OC/DAF S/F (LF-3.2.7) |

DATE

12-4-96

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM  
AND  
REGIONAL LICENSING SECTIONS

(FOR LFMS USE)  
INFORMATION FROM LTS

PROGRAM CODE: 02200  
STATUS CODE: 0  
FEE CATEGORY: 7C  
EXP. DATE: 20040131  
FEE COMMENTS:  
DECOM FIN ASSUR REQD: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: EAST HARTFORD RADIOLOG. GRP., PC (THE  
RECEIVED DATE: 961025  
DOCKET NO: 3030365  
CONTROL NO.: 123829  
LICENSE NO.: 06-28141-01  
ACTION TYPE: AMENDMENT

2. FEE ATTACHED

AMOUNT: -----  
CHECK NO.: -----

3. COMMENTS

SIGNED \_\_\_\_\_  
DATE 11/4/96

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED ☒ )

1. FEE CATEGORY AND AMOUNT: 7C \$440

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:

AMENDMENT -----  
RENEWAL -----  
LICENSE -----

3. OTHER -----

SIGNED \_\_\_\_\_  
DATE -----

109-1  
Form 109-1  
Check No. 6035  
Amount \$440  
Fee Category 7C  
Pay to Order ARM  
Date Check Rec'd 1/24/97  
Date Completed  
By: BB

(860-289-6451)  
I requested zip code for  
Hartford, CT, Secretary  
said zip code unavailable,  
sent letter to old address  
in E. Hartford, CT, if possible.  
BB

1996 NOV 12 PM 2:15