

LAPEER COUNTY SURGERY CENTER

December 21, 2011

United States Nuclear Regulatory Commission
Dennis O'Dowd
2443 Warrenville road
Suite 210
Lisle, IL 60532-4352

Regarding: Control # 576285 Relative to License # 21-32718-01

Dear Mr. Dowd;

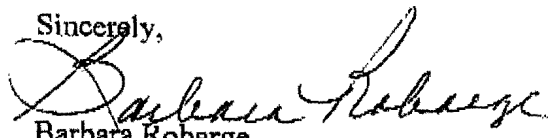
As per our request of May 24, 2011 to formally cancel our NRC license, please find that following documents enclosed:

Form 314 completed by Jacek Wierzbicki, Ph.D, Radiation Safety Officer
Seed Inventory

Per Andrew Bramnick's request, Dr. Wierzbicki has taken the decayed seed with him to his Saginaw office and a meeting has been scheduled in early January between Dr. Wierzbicki and Mr. Bramnick.

Please contact me at (810) 667-4000 with any further requirements you may have for license cancellation.

Sincerely,



Barbara Robarge
Office Manager

Accredited by the



ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

1546 Callis Road Lapeer, MI 48446
Phone: (810) 667-4000
Fax: (810)-667-4000

NRC FORM 314 (12-2010) 10 CFR 30.300(i); 40.42(j)(1); 70.38(j)(1); and 72.54(k)(2)(1)(i)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0028 EXPIRES: 10/31/2013 Estimated burden per response to comply with this mandatory collection request: 30 minutes. This submittal 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 Information Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20565-0001, or by internet e-mail to infocollects.Resource@nrc.gov , and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-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.
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CERTIFICATE OF DISPOSITION OF MATERIALS

LICENSEE NAME AND ADDRESS <i>Lapeer County Surgery Center</i> <i>1546 Callis Road</i> <i>Lapeer, MI 48446</i>	LICENSE NUMBER <i>21-32718-01</i> LICENSE EXPIRATION DATE <i>February 28, 2019</i>	DOCKET NUMBER <i>030-37853</i>
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A. LICENSE STATUS (Check the appropriate box)

This license has expired. 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:

1. No radioactive materials have ever been procured or possessed by the licensee under this license.

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:

a. Transfer of radioactive materials to the licensee listed below:

b. Disposal of radioactive materials:
 Directly by the licensee:

2. By licensed disposal site:

3. By waste contractor:

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

1. A radiation survey was conducted by the licensee. The survey confirms:

a. the absence of licensed radioactive materials

b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.

2. A copy of the radiation survey results:

a. is attached; or b. is not attached (Provide explanation); or c. was forwarded to NRC on: _____ Date _____

3. A radiation survey is not required as only sealed sources were ever possessed under this license, and

a. The results of the latest leak test are attached; and/or b. No leaking sources have ever been identified.

The person to be contacted regarding the information provided on this form:

NAME <i>Barbara Kobayashi</i>	TITLE <i>Office Manager</i>	TELEPHONE (Include Area Code) <i>(810) 667-4000</i>	E-MAIL ADDRESS <i>barbaradvsn@aol.com</i>
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Mail all future correspondence regarding this license to:

C. CERTIFYING OFFICIAL
I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

PRINTED NAME AND TITLE <i>JACEK WIERZBICKI PhD</i>	SIGNATURE <i>[Signature]</i>	DATE <i>12/20/2011</i>
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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.

SEED INVENTORY

(return) for storage

DATE	SEED TYPE	LOT #	# SEED IN	# SEED OUT	# SEEDS REMAINING IN PB PGS	IMPLANT DATE	PATIENT	INITIALS
3/31	I125	25441	78	78	28	4/2	[REDACTED]	MC
3/31	I125	1545	65	65	0	4/2	[REDACTED]	MC
4/2	I125	25471	17	17	0	4/2	[REDACTED]	MC
4/2	I125	25472	2	2	2	4/2	[REDACTED]	MC
9/24/09	I125	26176	87	87	0	7/24/09	[REDACTED]	MC
9/14/09	I125	26511	103	99	4	9/16	[REDACTED]	MC ✓
10/26/09	I125	2689	80	80	0	10/29/09	[REDACTED]	MC
1/13/09	I125	26953	59	59	0	1/17	[REDACTED]	MC / PE
12-2-09	I125	27054	98	98	0	12/4	[REDACTED]	MC / PE
12-10-09	I125	27138	80	80	0	12/18	[REDACTED]	MC / PE
1-6-10	I125	27215	99	99	0	1/8/10	[REDACTED]	MC / PE
1-20-10	I125	27344	73	73	0	1/22/10	[REDACTED]	MC / PE
3/2/10	I125	27576	91	91	0	3/5/10	[REDACTED]	PE
4-6-10	I125	27600	71	70	1 (2010A)	4/9/10	[REDACTED]	YJB
12-2-10	I125	29753	81	81	All seeds returned to BWH 12/8/10	12-3-10	[REDACTED]	PE
12-16-10	I125	29882	81	81	0	12-17-10	[REDACTED]	PE

← All seeds returned to BWH 12/8/10

LAPER COUNTY SURGERY CENTER

1546 Callis Road
Lapeer, MI 48446

FAX

To: Norris O'Dowd From: Barbara Kube

Fax: 810 667-4040 Pages: 4

Phone: 810 667-4000 Date: 12-21-11

Re: _____ CC: _____

Urgent For Review Please Comment Please reply

Comments:

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