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Radiological Physics Service, Inc.

3839 Namer Road Phymouth, MI 48170 (734) 455-4780 Fax: (784) 453-6851

September 1, 2012

Region III Materials Licensing Branch 2443 Warrenville Road, Ste 210 Lisle, IL 60532-4352

RE: Termination of location to license #21-32612-01

U. S. NUCLEAR REGULATORY COMMISSION

This is supplement information to a request already submitted previously - we were told we could not perform tasks simulataneously so therefore we are now submitting these as separate actions. Therefore, we are requesting to terminate the current license for this address Heart and Lung, 5486 Schuefer Rd, Dearborn, MI 48126 #21-32612-01, it should be noted we are adding this site to another license (in attached paperwork#21-32618-01 - Advanced Virtual)

To make sure we are clear both of locations both currently have Dr. Anthony Bennett, MD as the Authorized Users and Radiation Safety Officer - so both locations have the same management.

If you have any questions I can easily provide this to you by contact me as the site physicist and Laura T. Smith, MS, DABR at Isphysics@att.net.

PHYSICISTS:

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Laura T. Smith, MS, DABR

Consulting Physicist

Sincerely.

Anthony A. Bennett, MD

AU & RSO



NRC FORM 314 U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3180-002	
(05-2012)	Estimated burden per response to comply w	ith this mandatory collection request 30 minutes.
10 CFR 30.36()(1): 40.42()(1): 70.38()(1); and 72.54(k)(5)(1)(1)	This submittel is used by NHC as part of training for transmitted use. Send comme	the basis for its determination that the facility is its regarding burden estimate to the information
	Services Branch (T-5 F-53), U.S. Nuclear Rec	ulatory Commission, Washington, DC 20555-0001.
CERTIFICATE OF DISPOSITION OF MATERIALS	or by internet e-mell to Infocollects.Recour	pagantugov, and to the Desk Officer, Office of 10202, (3150-0028), Office of Management and
OFICE OF BIOLOGICAL IN THE PROPERTY OF THE PRO	Budget, Washington, DC 20503, If a means	used to impose an information collection does not
	display a currently valid OMB control numb	er, the NRC may not conduct or sponsor, and a
	person is not required to respond to, the inform	
LICENSEE NAME AND ADDRESS	LICENSE NUMBER	DOCKET NUMBER
	<u>l</u>	
	LICENSE EXPIRATION DATE	
A. LICENSE STATUS (Check the	annonista havi	
- Company		
This license has expired. This license has not yet expired; please		
B. DISPOSAL OF RADIOACT	IVE MATERIAL	42
(Check the appropriate boxes and complete as necessary. If et		ie attachments)
The licensee, or any individual executing this certificate on behalf of the licens	ee, certifies that:	
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 radioac		
under this license number cited above have been disposed of in the	following manner.	, , , , , , , , , , , , , , , , , , ,
a. Transfer of radioactive materials to the licensee listed below:		
same location, same management, new license # 21-32618-01		
b. Disposal of radioactive materials:		
Directly by the licensee:		
T. Directly by the incentage.		
2. By licensed disposal site:		
hand you are a supplied to		
3. By waste contractor:		
c. All radioactive materials have been removed such that any remail	ning residual radioactivity is wil	hin the limits of 10 CFR
Part 20, Subpart E, and is ALARA.	_	
C. SURVEYS PERFORMED A	ND REPORTED	
1. A radiation survey was conducted by the licensee. The survey confirm	ng.	
a. the absence of floensed radioactive materials		
b. that any remaining residual radioactivity is within the limits of 10 0	OFR 20, Subpart E, and is ALA	RA.
-	, . ,	
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:
3. A radiation survey is not required as only sealed sources were ever p	neessad under this livense, so	Date
		and the second s
a. The results of the latest leak test are attached; and/or	b. No leaking sources have a	ver been identined.
The person to be contacted regarding the information provided on this form:		
NAME TITLE	TELEPHONE (Include Area Code) E-N	AIL ADDRESS
Laura T. Smith Physicist	lsr	hysics@att.net
		▼ `~~
Mail all future correspondence regarding shie Roanse to:		
C. CERTIFYING OFFI		DEAT
PRINTED MANE AND TITLE	PUREGUINE IN THE AND CON	DATE
Laura T, Smith	\mathfrak{R} . \mathcal{W}	
WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECTTO CIVIL AND/OR SUBJECTOR TO THE NEC BE COME! STE AND ACCURATE IN ALL MATERIAL RESIDENT AS	CRIMINAL PENALTIES. NRC REGUI	ATOMS REQUIRE THAT

TRUBMISSIONS 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.
NRC FORM 374 (UB-2012)