

Certificate of Disposition of Radioactive Materials

This certificate is required under 10 CFR Part 20, Subpart E, which contains the radiological criteria for license termination/decommissioning of facilities licensed under 10 CFR Parts 30, 40, and 70.

INSTRUCTIONS

Complete all items. Keep one copy and submit the original to:

Vermont Department of Health
Environmental Health
Radioactive Materials Program
208 State Drive
Waterbury, VT 05671-8350

Item 1: Write the licensee name, mailing address and email address.

Item 2: Write the Vermont Radioactive Materials License Number and expiration date.

Item 3: Write the contact name and phone number for the person responsible for the information contained on this form (Certificate of Disposition of Radioactive Materials).

License Status: Check the box if this license has expired (and write the expiration date) or if the license has not yet expired.

Item 4: Check the box if all licensed activities have been terminated.

Item 5: Check the box if 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 as low as reasonably achievable (ALARA). "Residual radioactivity", as defined in 10 CFR 20.1003, means radioactivity in 'areas' (structures, materials, soils, etc.) remaining as a result of activities (licensed and unlicensed) under the licensee's control from sources used by the licensee, excluding background radiation.

Item 6: Check the box if all activities authorized by this license have ceased, and all radioactive material previously procured and/or possessed under the authorization granted by the above referenced license has been transferred and/or disposed of. Check all that apply (Items 6A – 6D).

Item 6A: Describe the specific radioactive material transfer actions. If radioactive wastes were generated in terminating this license, describe the disposal actions taken, including the disposition of low-level radioactive waste, mixed waste, greater-than-Class-C waste, and sealed sources.

Item 6B: Check the box that indicates the specific method or procedure for how the radioactive waste was disposed of (directly by the licensee, by a licensed disposal site, or by a licensed waste contractor). For those cases when radioactive materials are disposed of by a licensed disposal site or by a waste contractor, write the license number, name, address and phone number of the licensed disposal site operator or waste contractor.

Item 6C: Check the box if radioactive material was decayed, surveyed and disposed of as nonradioactive waste.

Item 6D: Check the box if radioactive material was never procured and/or possessed by the licensee under the authorization granted by the above referenced license.

Item 7: Check the boxes that apply to the licensee's situation in order to provide documentation that the radiation and contamination survey results (if applicable) have been performed (if required) and provided to the Vermont Department of Health.

Item 8: Write the name, address and phone number of the person who is responsible for maintaining this information for the licensee.

References:

NUREG-1757 Volume 2 "Consolidated Decommissioning Guidance: Characterization, Survey, and Determination of Radiological Criteria"

NUREG-1757, Volume 3, "Consolidated Decommissioning Guidance: Decommissioning Process for Materials Licensees"

Certificate of Disposition of Radioactive Materials

Completion of this form is required to request termination of a Radioactive Material License as outlined in 10 CFR 30.36, 40.42, & 70.38.

Contact Information	
<p>Item 1: Licensee Name and Mailing Address</p> <p>Email Address: _____</p>	<p>Item 2: Vermont Radioactive Material License Number and expiration date</p> <p>_____</p> <p>Item 3: Contact Name</p> <p>_____</p> <p>Contact Phone Number: _____</p>

License Status

- This license has expired. Date _____
- This license has not yet expired; please terminate it.

Termination and Disposition Information

The following information is provided in accordance with 10 CFR 30.36, 40.42 and 70.38:

The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:

- Item 4:** All use of radioactive material authorized under the above referenced license has been terminated.
- Item 5:** 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 as low as reasonably achievable (ALARA).

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- Item 6:** All activities authorized by this license have ceased, and all radioactive material previously procured and/or possessed under the authorization granted by the above referenced license has been transferred and/or disposed of as follows.

Check all that apply (6A – 6D):

6A. Radioactive materials transfer actions

Name of person transferred to:

Address where transferred to:

Description of means of transfer:

Who is (are) authorized to possess such material under License Number:

6B. Disposal as radioactive waste:

1. Directly by the licensee:

2. By licensed disposal site: License No.: _____

Name: _____ Phone: _____

Address: _____

3. By licensed waste contractor: License No.: _____

Name: _____ Phone: _____

Address: _____

6C. Decayed, surveyed and disposed of as non-radioactive waste.

6D. No radioactive material has ever been procured and/or possessed by the licensee under the authorization granted by the above referenced license.

Item 7:

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

a. The absence of licensed radioactive material

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 the Department on: _____

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.

Item 8: Records required to be maintained for the license termination requested are available at the following location(s):

Name: _____ Phone: _____

Address: _____

Copies of these records are kept in the licensee's file, maintained by the Vermont Department of Health.

Additional remarks (attach additional pages if necessary.)

Certification

(To be completed by an individual authorized to make binding commitments on behalf of the applicant.)

The undersigned, on behalf of the licensee, hereby certifies that licensable quantities of radioactive material under the jurisdiction of the Vermont Department of Health are not possessed by the licensee. It is therefore requested that the above referenced radioactive material license be terminated.

WARNING: THE STATEMENTS CONTAINED OR REFERENCED HEREIN ARE MADE SUBJECT TO THE PROVISIONS OF 32 V.S.A. § 631(8) (*Relating to Penalties for Unsworn False Statements to Government Authorities*)

SIGNATURE – (Applicant or Authorized Individual)

Date signed

Authorized Individual Contact Phone Number: _____

Authorized Individual Email Address: _____

Print Name and Title of Above Signatory: _____