RC FORM 530
(10/2015)

ARKANSAS DEPARTMENT OF HEALTH
RADIATION CONTROL SECTION

CERTIFICATE OF DISPOSITION OF MATERIALS

License number: _____

License expiration date: _____

RH-1215.–1220. of the ASBH Rules and Regulations for Control of Sources of Ionizing Radiation establishes the radiological criteria for license terminations/decommissioning of facilities licensed under these Regulations, as well as other facilities subject to the Department's jurisdiction under Act 8 of the Second Extraordinary Session of 1961, as amended. In accordance with RH-410.j., information contained in RC FORM 530 must be submitted to the Department as the final step in decommissioning.

Submit RC Form 530 to the following address: **Arkansas Department of Health, Radiation Control Section, 4815 West Markham Street, Slot 30, Little Rock, Arkansas, 72205-3867**. Please print or type all entries, unless otherwise indicated.

LICENSE INFORMATION

Licensee name:	Address (location of use):
☐ This license has expired. ☐ This license has not yet expired; please terminate it.	City, state, zip:

DISPOSITION OF RADIOACTIVE MATERIAL

(Complete as appropriate. If more space is needed, attach additional pages.)

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 at this location of use; or

☐ 2. All activities authorized by this license at the specified location of use have ceased, and all radioactive materials procured and/or possessed under this license at the specified location of use have been dispositioned as indicated below. Supporting documentation is attached. Verification that recipients are licensed to receive the material occurred prior to disposition. A copy of correspondence verifying the recipient has taken possession of the material is attached.

☐ N/A ☐ Transfer of radioactive materials. The name and address of the licensee recipient, a contact name and telephone number for the licensee recipient, the date of transfer, and the recipient's U.S. NRC or Agreement State license number are listed.

☐ N/A ☐ Disposal of radioactive materials. The specific disposal method or procedure (e.g., decay-in-storage) is described. The name, address, and telephone number of licensed disposal site operators and waste contractors are provided, as applicable. Dates of disposal are also provided.

☐ Directly by the licensee:

☐ By licensed disposal site:

☐ By waste contractor:

☐ N/A ☐ Disposal of radioactive wastes generated in terminating this license. The disposal actions taken are described.

☐ Records have been forwarded to the Department in accordance with RH-600.:

☐ N/A ☐ are attached; or ☐ were forwarded to the Department on: _____

☐ All radioactive materials have been removed such that any remaining residual radioactivity is within the limits of RH-1215.-1220. and is ALARA. ["Residual radioactivity," as defined in RH-1100., means radioactivity in structures, materials, soils, groundwater, etc. remaining as a result of activities under the licensee's control from all licensed and unlicensed sources used by the licensee, excluding background radiation. ALARA is also defined in RH-1100.]

SURVEYS

1. A radiation survey was conducted by the licensee. The survey confirms:
   - ☐ the absence of licensed radioactive materials; and
   - ☐ that any remaining residual radioactivity is within the limits of RH-1215.-1220. and is ALARA.
2. A copy of the radiation survey results:
   - ☐ is attached;
   - ☐ was forwarded to the Department on: _____;
   - ☐ is not required as only sealed sources were ever possessed under this license. The attached results of the latest leak tests indicate no leakage, and no leaking sources have ever been identified at this location of use; or
   - ☐ is not attached because the licensee is demonstrating in some other manner that the premises are suitable for release (RH-410.j.). Explanation provided:

☐ 3. The survey report specifies the survey instrument(s) used. Each instrument was properly calibrated and tested at the time of use.

CONTACT PERSON REGARDING INFORMATION ON THIS FORM

Name:	Telephone number:
Title:	Email address:

CONTACT PERSON FOR FUTURE CORRESPONDENCE REGARDING THIS LICENSE

Name:	Email address:
Title:	Address:
Telephone number:	City, state, zip:

CERTIFICATION

I hereby certify that all information in this form is true and complete.

Name:	Signature:
Title:	Date:

WARNING: FALSE STATEMENTS MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. RH-1511. REQUIRES THAT SUBMISSIONS TO THE DEPARTMENT BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECTS. ANY PERSON WHO VIOLATES RH-1511.a.1 OR a.2. MAY BE SUBJECT TO ENFORCEMENT ACTIONS IN ACCORDANCE WITH RH-700.