

Company: Balestracci Unlimited
29 Ridgewood Road

Charlestown, Rhode Island 02813

Voice Number: (401) 364-0652

Fax Number: (401) 364-3238

**F
A
X**

p-3

Date: Wednesday, December 26, 2001

Time: 11:08 AM

TO:

Name: Kathy Modes

Company: US Nuclear Regulatory Commission

Fax Number: (610) 337-5269

Voice Number:

*LL 30708
030-35908
03320
(38-30708-01)*

*06-30423-01
030-34615
(TERMINATION)*

Total Pages: 2

Note: Kathy

I've mailed a Form 313 to change the address. If you need anything please call me. Thanks for your help

Garry

130771 / 130772

NMSS/RGNI MATERIALS-002

NRC FORM 313 (7-96) 10 CFR 30, 32, 33 34, 35, 36, 39 and 40		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0120 EXPIRES: 7/31/99							
APPLICATION FOR MATERIAL LICENSE				Estimated burden per response to comply with this information collection request: 7 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Forward comments regarding burden estimate to the Information and Records Management Branch (T-6 F33, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Paperwork Reduction Project (3150-0120), Office of Management and Budget, Washington, DC 02503. NRC may not conduct or sponsor, and a person is not required to respond to, collection of information unless it displays a currently valid OMB control number.							
INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.											
APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH: DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001 ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS: IF YOU ARE LOCATED IN: CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE MARYLAND MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO: LICENSING ASSISTANT SECTION NUCLEAR MATERIALS SAFETY BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION I 475 ALLENDALE ROAD KING OF PRUSSIA, PA 19406-1415 ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO: NUCLEAR MATERIALS LICENSING SECTION U.S. NUCLEAR REGULATORY COMMISSION, REGION II 101 MARIETTA STREET, NW, SUITE 2900 ATLANTA, GA 30323-0199			IF YOU ARE LOCATED IN: ILLINOIS, INDIANA, IOWA, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO: MATERIALS LICENSING SECTION U.S. NUCLEAR REGULATORY COMMISSION, REGION III 801 WARRENVILLE ROAD Lisle, IL 60532-4351 ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO: NUCLEAR MATERIALS LICENSING SECTION U.S. NUCLEAR REGULATORY COMMISSION, REGION IV 611 RYAN PLAZA DRIVE, SUITE 400 ARLINGTON, TX 75011-8054								
PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATION TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.											
1. THIS IS AN APPLICATION FOR (Check appropriate item) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;"><input type="checkbox"/></td><td>A. NEW LICENSE</td></tr><tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>B. AMENDMENT TO LICENSE NUMBER 06-30423-01</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>C. RENEWAL OF LICENSE NUMBER _____</td></tr></table>			<input type="checkbox"/>	A. NEW LICENSE	<input checked="" type="checkbox"/>	B. AMENDMENT TO LICENSE NUMBER 06-30423-01	<input type="checkbox"/>	C. RENEWAL OF LICENSE NUMBER _____	2. NAME AND MAILING ADDRESS OF APPLICANT (include Zip Code) Megarad, Inc. c/o Balestracci Unlimited 29 Ridgewood Road Charlestown, Rhode Island 02813		
<input type="checkbox"/>	A. NEW LICENSE										
<input checked="" type="checkbox"/>	B. AMENDMENT TO LICENSE NUMBER 06-30423-01										
<input type="checkbox"/>	C. RENEWAL OF LICENSE NUMBER _____										
3. ADDRESS(ES) WHERE LICENSED MATERIAL BE USED OR POSSESSED 5 Nealy Blvd Trainer, PA 19061			4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION Garry Balestracci TELEPHONE NUMBER (401) 364-0652								
SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.											
5. RADIOACTIVE MATERIAL a. Element and mass number, b. chemical and/or physical form, and c. maximum amount which will be possessed at any one time			6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED								
7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE			8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS								
9. FACILITIES AND EQUIPMENT			10. RADIATION SAFETY PROGRAM								
11. WASTE MANAGEMENT			12. LICENSE FEES (See 10 CFR 170 and Section 170.31) FEE CATEGORY: _____ AMOUNT ENCLOSED \$ _____								
13. CERTIFICATION (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON APPLICANT THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PART 30, 32, 34, 35, 39 AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1945 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLINGLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION											
CERTIFYING OFFICER - TYPE/PRINTED NAME AND TITLE Garry L. Balestracci - Radiation Safety Officer			SIGNATURE		DATE 12/26/01						
FOR NRC USE ONLY											
TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS						
APPROVED BY				DATE							



BALESTRACCI UNLIMITED
29 Ridgewood Road
Charlestown, Rhode Island 02813
(401) 364-3238 Fax
(401) 364-0652 Phone

Fax Coversheet
Page 1 of 1 Including Coversheet

To: Kathy Modes
Fax Number: (610) 337-5269
Subject: Megarad Inc.

Kathy,

I'm sorry for the delay in getting back to you. It has not been easy to get information from Dr. Crihan. What I would like to propose is that you send all correspondence to me at the above address. This way you will be confident that it is getting into the hands of a responsible adult. I hope that this does not cause too big a problem. This is currently nor has there ever been any radioactive material ever possessed or used under this license. I will provide the address of the potential storage location as soon as it is available. Dr. Crihan is negotiating with QSL Inspection in Trainer, Pennsylvania to utilize space there for storage. The idea would be to subdivide the existing vault there and Megarad, Inc. would rent a portion of the vault.

I realize this is a bizarre arrangement at best. I will be more than happy to provide you any documentation you should desire at any time in the future. At present I am trying to collect anything that may be available. My address would be strictly for correspondence and the license will be amended to reflect the new physical operating (storage) address, should any operations ever actually be performed.

Thanks for your patience and understanding in this matter. I'm trying to ensure that any licensed activities be conducted in accordance with the applicable regulations and according to procedures.

I will be glad to discuss this with you in more detail if you should so desire. I will be out of my Electric Boat Office until January 2, 2002, but you can contact me via my cell phone or at the number listed above.

Garry

1 3 0 7 7 1 / 1 3 0 7 7 2

This is to acknowledge the receipt of your letter/application dated

12/26/2001, and to inform you that the initial processing which includes an administrative review has been performed.

☒ NEW LICENSE APPL. (030-35908)/TEAM. 06-30423-01
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 1307.71
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

Sincerely,
Licensing Assistance Team Leader

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 03320
Status Code: 3
Fee Category: _____
Exp. Date: 0
Fee Comments: _____
Decom Fin Assur Req'd: _
:::.....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
Applicant/Licensee: MEGARAD, INC.
Received Date: 20011226
Docket No: 3035908
Control No.: 130771
License No.: 38-30708-01
Action Type: New Licensee

2. FEE ATTACHED
Amount: _____
Check No.: /

3. COMMENTS

REF. 130772
ADMINISTRATIVE CHANGE - NEW
LICENSE BASED ON MAKING ADDRESS
CHANGE FROM "CT" TO "RZ"
Signed M.A. Perkins
Date 12/27/2001

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /__/_/)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 03320
: Status Code: 0
: Fee Category: 30 2B
: Exp. Date: 20090331
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
Applicant/Licensee: MEGARAD, INC.
Received Date: 20011226
Docket No: 3034615
Control No.: 130772
License No.: 06-30423-01
Action Type: Termination

2. FEE ATTACHED
Amount: _____
Check No.: _____

3. COMMENTS
REF. 130771
Signed M. a. Perkins
Date 12/27/2001

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /__/)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____