


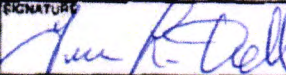
**Reichhold, William**

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**From:** James Wojton <jwojton@holmestesting.com>  
**Sent:** Tuesday, April 07, 2015 3:30 PM  
**To:** Reichhold, William  
**Subject:** Paper work  
**Attachments:** Signed Nuke Guage.pdf

Thanks for using Holmes Testing

James Wojton  
Holmes Testing, Inc.  
170 Shepard Avenue  
Wheeling, Illinois 60090  
*Office: (847) 541-4040*

<b>NRC FORM 314</b> (02-2014) 10 CFR 30.26(X1); 40 CFR 191.70.30(X1); and 72.54(X1)(X1)		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY OMB: NO. 3160-0022</b>		<b>EXPIRES: 02/28/2017</b>	
 <b>CERTIFICATE OF DISPOSITION OF MATERIALS</b>				<small>Submitter burden per response to comply with this mandatory collection request: 30 minutes. This burden is used by NRC as part of the basis for its determination that the burden is reasonable for government use. (and comments regarding burden estimate to the FOIA Privacy, and Information Collection Branch (7-8 P33), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001 or by internal mail to Information Management Branch, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOD-10902, (3120-0022), Office of Management and Budget, Washington, DC 20503. If a burden estimate in response to information collection does not display a currently valid OMB control number, the NRC may not approve or sponsor, and a person is not required to respond to, the information collection.</small>			
<b>LICENSEE NAME AND ADDRESS</b> Holmes Testing, Inc 170 Shepard Ave. Wheeling, IL				<b>LICENSE NUMBER</b> 1226781-01		<b>DOCKET NUMBER</b> 03051387	
				<b>LICENSE EXPIRATION DATE</b> 9-30-2017			
<b>A. LICENSE STATUS (Check the appropriate box)</b> <input type="checkbox"/> This license has expired. <input checked="" type="checkbox"/> This license has not yet expired; please terminate it.							
<b>B. DISPOSAL OF RADIOACTIVE MATERIAL</b> (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:							
<input type="checkbox"/> 1. No radioactive materials have ever been procured or possessed by the licensee under this license.							
<input type="checkbox"/> 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.							
<input type="checkbox"/> a. Transfer of radioactive materials to the licensee listed below: Transferred to Holmes Testing, Inc. - license # <u>IL-01828-01</u>							
<input type="checkbox"/> b. Disposal of radioactive materials:							
<input type="checkbox"/> 1. Directly by the licensee:							
<input type="checkbox"/> 2. By licensed disposal site:							
<input type="checkbox"/> 3. By waste contractor:							
<input type="checkbox"/> 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.							
<b>C. SURVEYS PERFORMED AND REPORTED</b>							
<input type="checkbox"/> 1. A radiation survey was conducted by the licensee. The survey confirms:							
<input type="checkbox"/> a. the absence of licensed radioactive materials							
<input type="checkbox"/> b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.							
<input type="checkbox"/> 2. A copy of the radiation survey results:							
<input type="checkbox"/> a. is attached; or <input type="checkbox"/> b. is not attached (Provide explanation); or <input type="checkbox"/> c. was forwarded to NRC on: _____ Date: _____							
<input checked="" type="checkbox"/> 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and							
<input checked="" type="checkbox"/> a. The results of the latest leak test are attached; and/or <input checked="" type="checkbox"/> b. No leaking sources have ever been identified.							
The person to be contacted regarding the information provided on this form.							
<b>NAME</b> Tim L Dell		<b>TITLE</b> RSO		<b>TELEPHONE (include Area Code)</b> 847 774 4026		<b>E-MAIL ADDRESS</b> tdellhti@gmail.com	
Mail all future correspondence regarding this license to: Holmes Testing 170 Shepard Ave Wheeling IL 60090							
<b>C. CERTIFYING OFFICIAL</b> I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT							
<b>PRINTED NAME AND TITLE</b> Tim L Dell RSO				<b>SIGNATURE</b> 		<b>DATE</b> 4-7-15	
<b>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.</b>							

PLEASE COMPLETE THIS SECTION

Please Sign &amp; Date