


Reichhold, William

From: Reichhold, William
Sent: Friday, March 27, 2015 10:52 AM
To: 'tdellhti@gmail.com'
Subject: Additional Information
Attachments: 314 FORM HOLMES.PDF

Hi Tim,

As we discussed by telephone on March 27, 2015, you need to sign and date the NRC Form 314, so we can complete our review of your request. Also, please complete the information in the section, "The person to be contacted.....", as indicated on the NRC Form 314. I hope you can read the information on the form because the print is almost too light to read. You may need to darken the printing before you return the form so that the information can be read. Please return the signed and dated NRC Form 314, with the "contact" information within 7 days and refer to Control 586101. Please call me at 630-829-9839 if you have any questions.

Bill Reichhold

NRG FORM 314 (02-2014) 10 CFR 30.38(j)(1); 40.42(j)(1); 70.38(j)(1); and 72.54(k)(5)(1)(i)		U.S. NUCLEAR REGULATORY COMMISSION CERTIFICATE OF DISPOSITION OF MATERIALS	APPROVED BY OMB: NO. 3160-0628 <small>Estimated burden per response to comply with this mandatory collection request: 30 minutes. This submittal is used by NRC as part of the basis for its determination that the facility is licensed for unrestricted use. Send comments regarding burden estimate to the FOIA Privacy, and Information Collections Branch (T-8 P53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internal e-mail to: info@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOS-10202, (3150-0028), Office of Management and Budget, Washington, DC 20503. If a license used in impose an information collection does not display a currently valid OMB control number, the NRC may not collect or sponsor, and a person is not required to respond to, the information collection.</small>
LICENSEE NAME AND ADDRESS Holmes Testing, Inc. 170 Shepard Ave. Wheeling, IL		LICENSE NUMBER 1226781-01	DOCKET NUMBER 03034387
		LICENSE EXPIRATION DATE 9-30-2017	
A. LICENSE STATUS (Check the appropriate box) <input type="checkbox"/> This license has expired. <input checked="" type="checkbox"/> This license has not yet expired; please terminate it.			
B. DISPOSAL OF RADIOACTIVE MATERIAL (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: <i>Transferred to Holmes Testing, Inc. - license # IL-01828-01</i>			
<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.			
C. SURVEYS PERFORMED AND REPORTED			
<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:			
NAME	TITLE	TELEPHONE (include Area Code)	E-MAIL ADDRESS
Mail all future correspondence regarding this license to:			
C. CERTIFYING OFFICIAL I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT			
PRINTED NAME AND TITLE	SIGNATURE	DATE	
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.			

PLEASE COMPLETE THIS SECTION

Please Sign & Date