

2/4/16

To: Mr. Leo Wardrobe

From: Mark Gilliam - Superintendent SWVA Melting/Casting

Subject: SWVA, INC., Request for additional information concerning application for renewal of license – 47-16310-02, control no. 589847

Dear Mr. Wardrobe,

Please find attached the information that your agency has requested through communication with SWVA, RSO - Jason Rulen. If you have any further requirements please notify either me at: 304-696-8215/mgilliam@swvainc.com or Jason at: 304-696-8234/jrulen@swvainc.com.

Thank You,

A handwritten signature in dark ink, appearing to read "Mark Gilliam", with a stylized flourish at the end.

Mark Gilliam

Steel of West Virginia

Superintendent Melting/Casting

APPENDIX B

**SUGGESTED FORMAT FOR PROVIDING INFORMATION REQUESTED
IN ITEMS 5 THROUGH 11 OF U.S. NUCLEAR REGULATORY
COMMISSION FORM 313**

Items 5 & 6: Materials to be Possessed and Proposed Uses

| Yes | No | Radionuclide | Manufacturer or Distributor Model No. | Quantity | Use as Listed on SSD Registration Certificate | Specify Other Uses Not Listed on SSD Registration Certificate |
|-----|----|--------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| | ✓ | Cobalt-60 | Sealed source manufacturer or distributor and model number: _____ Device manufacturer or distributor and model number: _____ | Require maximum possession limits per source or device and include the total possession limit. | Yes <input type="checkbox"/> Specific description of the gauge use: _____ _____ _____ _____ _____ | <input type="checkbox"/> Not applicable _____ <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use) |
| | ✓ | Krypton-85 | Sealed source manufacturer or distributor and model number: _____ Device manufacturer or distributor and model number: _____ | Require maximum possession limits per source or device and include the total possession limit. | Yes <input type="checkbox"/> Specific description of the gauge use: _____ _____ _____ _____ _____ | <input type="checkbox"/> Not applicable _____ <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use) |
| | ✓ | Strontium-90 | Sealed source manufacturer or distributor and model number: _____ Device manufacturer or distributor and model number: _____ | Require maximum possession limits per source or device and include the total possession limit. | Yes <input type="checkbox"/> Specific description of the gauge use: _____ _____ _____ _____ _____ | <input type="checkbox"/> Not applicable _____ <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use) |

| Yes | No | Radionuclide | Manufacturer or Distributor Model No. | Quantity | Use as Listed on SSD Registration Certificate | Specify Other Uses Not Listed on SSD Registration Certificate |
|---------------------------------------------------------------------------------|----|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ | | Cesium-137 | Sealed source manufacturer or distributor and model number: _____ Device manufacturer or distributor and model number: _____ | Require maximum possession limits per source or device and include the total possession limit.. | Yes <input checked="" type="checkbox"/> Specific description of the gauge use: <u>Level</u> <u>Detectors</u> _____ _____ _____ | <input type="checkbox"/> Not applicable _____ <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use) |
| | ✓ | Americium-241 | Sealed source manufacturer or distributor and model number: _____ Device manufacturer or distributor and model number: _____ | Require maximum possession limits per source or device and include the total possession limit. | Yes <input type="checkbox"/> Specific description of the gauge use: _____ _____ _____ _____ _____ | <input type="checkbox"/> Not applicable _____ <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use) |
| | ✓ | Other Isotope (Specify): | Sealed source manufacturer or distributor and model number: _____ Device manufacturer or distributor and model number: _____ | Require maximum possession limits per source or device and include the total possession limit. | Yes <input type="checkbox"/> Specific description of the gauge use: _____ _____ _____ _____ _____ | <input type="checkbox"/> Not applicable _____ <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use) |
| Is financial assurance required? If yes, submit evidence of financial assurance | | | | | | |

* Five sources listed
on Leak test Certificates
(ATTACHED)

**Items 7 Through 11: Training and Experience,
Facilities and Equipment, Radiation Safety Program,
and Waste Disposal**

| Item No. and Title | Suggested Response | Yes | Alternative Procedures Attached |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------|
| 7. Individual(s) Responsible For Radiation Safety Program and Their Training and Experience 7.1 Radiation safety officer Name: <u>JASON</u> <u>RULEN</u> | Provide documentation of the proposed radiation safety officer's training and experience. | Submit applicable documentation. | |
| 7. Individual(s) Responsible For Radiation Safety Program and Their Training and Experience 7.2 Authorized users | Before using licensed materials, authorized users will have successfully completed one of the training courses described in the "Criteria" part of the section entitled "Authorized Users" in the current version of NUREG-1556, Volume 4, "Consolidated Guidance about Materials Licenses: Program-Specific Guidance about Fixed Gauge Licenses." | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Training for Individuals Who in the Course of Employment are Likely to Receive Occupational Doses of Radiation in Excess of 1 mSv (100 mrem) in a Year (Occupationally Exposed Workers) and Ancillary Personnel | The applicant is <i>not</i> required to, and should not, submit its training program for individuals who in the course of employment are likely to receive occupational doses of radiation in excess of 1 mSv (100 mrem) in a year (occupationally exposed workers) and ancillary personnel to the NRC for review during the licensing phase. | Need not be submitted with application. | |

**RADIAMETRICS
TECHNOLOGIES**

1313 G Street, Lorain Ohio 44052

Phone: (440) 245-9977

No: 2071715

LEAK/WIPE TESTS CERTIFICATE

(PARTS A & B)

The leak test certificate includes a sampling certificate (Part A) and the laboratory measurement certificate (Part B).

Customer:

Steel of West Virginia
1604 Commerce Avenue
Huntington, WV 25703

Contact Name: Jason Rulen**Contact Phone:** 304-696-8234**Contact Email:** jrulen@swvainc.com**Organization:**

Radiametrics Technologies

Wipe Test Taken By:

Jason Rulen

Date: 07/14/15**WIPED EQUIPMENT (PART A)**

| Wipe # | Make | Model | Device Serial Number | Activity | Isotope | Source Serial No. | Device Location |
|--------|-------|---------|----------------------|----------|---------|-------------------|-----------------|
| 1 | Ronan | SA1-F37 | Strand Spare | 300mCi | Cs-137 | 7279CN | Caster |
| 2 | Ronan | SA1-F37 | Strand 1 | 300mCi | Cs-137 | 7272CN | Caster |
| 3 | Ronan | SA1-F37 | Strand 2 | 300mCi | Cs-137 | 7275CN | Caster |
| 4 | Ronan | SA1-F37 | Strand 3 | 300mCi | Cs-137 | 7278CN | Caster |
| 5 | Ronan | SA1-F37 | Spare | 300mCi | Cs-137 | 7276CN | Caster |

LABORATORY ANALYSIS RESULTS (PART B)

| Ref | Source | | Background Counts | Net Counts | Activity | Test Results |
|-----|---------------|---------|-------------------|------------|------------|--------------|
| | Serial Number | Isotope | | | | |
| 1 | 7279CN | Cs-137 | 906 | 5 | <.0001 µCi | PASS |
| 2 | 7272CN | Cs-137 | 906 | 102 | <.0001 µCi | PASS |
| 3 | 7275CN | Cs-137 | 906 | 69 | <.0001 µCi | PASS |
| 4 | 7278CN | Cs-137 | 906 | 118 | <.0001 µCi | PASS |
| 5 | 7276CN | Cs-137 | 906 | 77 | <.0001 µCi | PASS |

Refers to the min. number of counts above background that have to be detected in order for the Net CPM value (above) to be considered significant at the 95% confidence level.

Counting Equipment:

CAPRAC-T 2" x 2" NaI S/N: 010308

Measurement Date:

07/17/15

Ohio Materials License No. 03225480000**Certified by:** Jeff Balogh**Date:** 07/17/15**Signature:**

Certificate of Training

Awarded To

Jason Rulen

Recognizing completion of 40 hours of specialized instruction in

Radiation Safety Officer

February 15, 2008

Presented By

Radiation Safety Academy

A Division of Dade Moeller & Associates
481 North Frederick Avenue, Suite 302
Gaithersburg, Maryland 20877

AAHP has awarded this course 32 Continuing Education Credits, 2007-00-031

ABIH has awarded this course 4.5 CM Points, CM Approval # 08-262



Ray Johnson, MS, PE, FHPS, CHP
Vice President, Training Programs

