



August 27, 2019

United States Regulatory Commission
Region III
Attn: Department of Material Licensing
2443 Warrenville Road, Suite 210
Lisle, Illinois 60532-4352

RE: Amendment of NRC Material License No. 13-32628-01, Docket No. 030-37307, NLMK Indiana

Dear Sir/Madam,

NLMK Indiana requests an addition of a Berthold Sealed Isotope Co-60 (10mCi) source to upgrade our
Caster Mold level measuring.


Please refer to the attached documents. If there any questions related to this letter, please contact me at (219)
252-7346.

Sincerely,

A handwritten signature in dark ink, appearing to read "Peter Chimenti", written over a horizontal line.

Peter Chimenti

Safety Manager/Radiation Safety Officer
NLMK Indiana

NRC FORM 313 (M-YYYY) 10 CFR 30, 32, 33, 34, 35, 36, 39, and 40 <div style="text-align: center;">APPLICATION FOR MATERIALS LICENSE</div>	U.S. NUCLEAR REGULATORY COMMISSION APPROVED BY OMB: NO. 3150-0120 EXPIRES: (MM/DD/YYYY) Estimated burden per response to comply with this mandatory collection request: 4.3 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. Send comments regarding burden estimate to the Information Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@nrc.gov , and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.
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: OFFICE OF FEDERAL & STATE MATERIALS AND ENVIRONMENTAL MANAGEMENT PROGRAMS DIVISION OF MATERIALS SAFETY AND STATE AGREEMENTS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001 ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS: IF YOU ARE LOCATED IN: ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO: LICENSING ASSISTANCE TEAM DIVISION OF NUCLEAR MATERIALS SAFETY U.S. NUCLEAR REGULATORY COMMISSION, REGION I 475 ALLENDALE ROAD KING OF PRUSSIA, PA 19406-1415	IF YOU ARE LOCATED IN: ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO: MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION III 2443 WARRENVILLE ROAD, SUITE 210 LISLE, IL 60532-4352 ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, 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 BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION IV 1600 E. LAMAR BOULEVARD ARLINGTON, TX 76011-4511
PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS 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 <i>(Check appropriate item)</i> <input type="checkbox"/> A. NEW LICENSE <input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER <u>13-32628-01</u> <input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____	2. NAME AND MAILING ADDRESS OF APPLICANT <i>(include ZIP code)</i> NLMK Indiana 6500 South Boundary Road Portage, IN 46368
3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED NLMK Indiana 6500 South Boundary Road Portage, IN 46368	4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION Peter Chimenti <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> BUSINESS TELEPHONE NUMBER 2197878200 </div> <div style="width: 45%;"> BUSINESS CELLULAR TELEPHONE NUMBER 2192527346 </div> </div> BUSINESS EMAIL ADDRESS <pchimenti@us.nlmk.com <="" td=""> </pchimenti@us.nlmk.com>
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 <i>(See 10 CFR 170 and Section 170.31)</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">FEE CATEGORY</div> <div style="width: 40%;">AMOUNT ENCLOSED \$</div> </div>
13. CERTIFICATION. <i>(Must be completed by applicant)</i> THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE 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, PARTS 30, 32, 33, 34, 35, 36, 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, 1948 62 STAT. 749 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.	
CERTIFYING OFFICER – TYPED/PRINTED NAME AND TITLE Peter Chimenti, Safety Manager/RSO	SIGNATURE  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> DATE 8/27/19 </div> </div>
FOR NRC USE ONLY	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> TYPE OF FEE APPROVED BY </div> <div style="width: 45%;"> FEE LOG DATE </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> FEE CATEGORY \$ </div> <div style="width: 45%;"> AMOUNT RECEIVED CHECK NUMBER COMMENTS </div> </div>

**Suggested Format for Providing Information Requested in
Items 5 through 11 of
U.S. Nuclear Regulatory Commission Form 313**

Items 5 and 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
✓		Co-60	Gauge manufacturer (or distributor) and model number: Berthold LB300ML/MLT	Specify activity per source and number of gauges requested. 10 mCi	Yes <input checked="" type="checkbox"/> Specific description of the gauge use: measure mold level at Caster	<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Uses are: (Submit safety analysis supporting safe use.)
			Gauge manufacturer (or distributor) and model number: _____	Specify activity per source and number of gauges requested. _____ _____	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
			Gauge manufacturer (or distributor) and model number: _____	Specify activity per source and number of gauges requested. _____ _____ _____	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.)
			Gauge manufacturer (or distributor) and model number: _____	Specify activity per source and number of gauges requested. _____ _____ _____	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):	Gauge manufacturer (or distributor) and model number: _____	Specify activity per source and number of gauges requested. _____ _____ _____	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.						

**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—RADIATION SAFETY OFFICER Name: Peter Chimenti	Documentation demonstrating the proposed radiation safety officer's training and experience (e.g., certificate of completion of the RSO's course and/or the authorized user's course).	Submit applicable documentation.	
8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS	Before using licensed materials, authorized users will have successfully completed one of the training courses described in the "Criteria" part of the section titled, "Training for Individuals Working in or Frequenting Restricted Areas" in NUREG-1556, Vol. 1, Rev. 2, "Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Portable Gauge Licenses."	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. FACILITIES AND EQUIPMENT	Provide a facility diagram for each permanent portable gauge storage location. Include on the diagram the use of adjacent areas (including above and below), and information relevant to public dose and security as discussed in Sections 8.10.5, "Public Dose," and 8.10.6, "Operating, Emergency, and Security Procedures," respectively, in NUREG-1556, Vol. 1, Rev. 2, "Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Portable Gauge Licenses"	Submit applicable documentation.	

Attachment A – License Selection Form

LICENSE SELECTION FORM

File Reference: 3193

Sales Order #PC010419

Date: July 8, 2019

The source (s) you have ordered will be shipped to you in the designated shielding (s) as listed.

Qty.	Device Name	Device Model	Registration Number	Isotope	Source Activity (mCi)	Source Model Number
1	Rod Source	LB 300 ML/MLT	TN-1031-D-108-S	Co-60	10	P2608-100

Please complete the following section and return the form to Berthold Technologies to the attention of the Radiation Safety Officer (RSO). The completed form must be received by Berthold Technologies before shipment will be authorized. If you have any questions or require additional information, please contact the Berthold RSO by phone at (865) 483-1488. Please note that the "General License" option does not apply to all State regulatory agencies. Before making a selection please contact your local State regulator to ensure that your selection is in compliance with local regulations, regulatory contact information is provided on Attachment D.

We request that the gauge(s) be shipped and installed under:

1. The General License referred to in **SRPAR 0400-20-10-.10** or the equivalent U.S. Nuclear Regulatory Commission or Agreement State Regulations for your state of _____.

OR

2. Under our Specific License No. 13-32628-01 issued by the state of (NRC) Indiana.

When choosing the **Specific License** option, please attach a copy of your Specific License listing the Berthold device(s) requested or contact the Berthold RSO if you need assistance amending your license. By providing specific license information and signing this document the undersigned confirms that the receipt of requested source material will not exceed the licensee's site possession limits.

When choosing the **General License** option and by signing this document you are agreeing to receive this device(s) under a General License. You are also acknowledging that you are aware of your regulatory requirements and that Berthold Technologies is required by licensing conditions to perform the General License startup.

Name (RSO/Authorized Person) Peter Chimenti
Print

Peter Chimenti
Signature

7/8/19
Date

FIRST-CLASS



US POSTAGE
02 1P \$ 007.10⁰
0001201132 AUG 29 2019
MAILED FROM ZIP CODE 46368

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

CERTIFIED MAIL

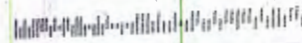


7013 2250 0002 3344 1489

NLAW Indiana
6500 South Boundary Road
Portage, IN 46368

Materials Licensing Branch
U.S. Nuclear Regulatory Commission, Region III
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

RECEIVED SEP 03 2019



Song, Taehoon

From: Bob Browne <BBrowne@us.nlmk.com>
Sent: Monday, September 09, 2019 9:43 AM
To: Tomczak, Tammy
Cc: Song, Taehoon; Pavon, Sandy
Subject: [External_Sender] RE: Request for amendment for License No. 13-32628-01 (NLMK Indiana)
Attachments: Cover.pdf

Sorry for delay and thanks for notification

Robert Browne
Director, Corporate Safety NLMK USA
6500 Boundary rd.
Portage, Indiana 46368
219-787-8200 ext. 5365
219-252-7345 cell
bbrowne@us.nlmk.com

From: Tomczak, Tammy <Tammy.Tomczak@nrc.gov>
Sent: Tuesday, September 03, 2019 4:10 PM
To: Bob Browne <BBrowne@us.nlmk.com>
Cc: Song, Taehoon <Taehoon.Song@nrc.gov>; Pavon, Sandy <Sandy.Pavon@nrc.gov>
Subject: Request for amendment for License No. 13-32628-01 (NLMK Indiana)

Good afternoon, Mr. Browne,

We have received your amendment request dated August 27, 2019; however, the cover letter was not signed.

Could you please fax a signed copy of the cover letter to 630/515-1078?

Please let me know if you have any questions, or require any additional information.

Thank you,

Tammy Tomczak
Licensing Assistant
630-829-9564