

APPLICATION FOR BYPRODUCT MATERIAL LICENSE
INDUSTRIAL

See attached instructions for details.

Completed applications are filed in duplicate with the Division of Fuel Cycle and Material Safety, Office of Nuclear Material Safety, and Safeguards, U.S. Nuclear Regulatory Commission, Washington, DC 20555 or applications may be filed in person at the Commission's office at 1717 H Street, NW, Washington, D. C. or 7915 Eastern Avenue, Silver Spring, Maryland.

a. NEW LICENSE

b. AMENDMENT TO:
LICENSE NUMBER

c. RENEWAL OF:
LICENSE NUMBER

24-16420-01

2. APPLICANT'S NAME (Institution, firm, person, etc.)

HUEBERT FIBERBOARD INC.

TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION
(816) 882-2704

3. NAME OF PERSON TO BE CONTACTED REGARDING THIS APPLICATION

Jake Huebert

TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION
(816) 882-2704

4. APPLICANT'S MAILING ADDRESS (Include Zip Code)

P. O. Box 167
Boonville, Missouri 65233

5. STREET ADDRESS WHERE LICENSED MATERIAL WILL BE USED
(Include Zip Code)

(No Number) East Morgan Street
Boonville, Missouri 65233

(IF MORE SPACE IS NEEDED FOR ANY ITEM, USE ADDITIONAL PROPERLY KEYED PAGES.)

6. INDIVIDUAL(S) WHO WILL USE OR DIRECTLY SUPERVISE THE USE OF LICENSED MATERIAL

(See Items 16 and 17 for required training and experience of each individual named below)

FULL NAME

TITLE

a. Jacob Huebert

President

b.

c.

7. RADIATION PROTECTION OFFICER

Jacob Huebert

Attach a resume of person's training and experience as outlined in Items 16 and 17 and describe his responsibilities under Item 15.

8. LICENSED MATERIAL

LINE NO.	ELEMENT AND MASS NUMBER A	CHEMICAL AND/OR PHYSICAL FORM B	NAME OF MANUFACTURER AND MODEL NUMBER (If Sealed Source) C	MAXIMUM NUMBER OF MILLICURIES AND/OR SEALED SOURCES AND MAXIMUM ACTIVITY PER SOURCE WHICH WILL BE POSSESSED AT ANY ONE TIME D
(1)	Cesium	Sealed Source	Ohmart A5771	15 Millicuries
(2)				
(3)				
(4)				

DESCRIBE USE OF LICENSED MATERIAL
E

(1) To Be Used in an Ohmart Model SHRM-2 Source Holder For Level Measurement

(2)

(3)

(4)

Applicant 17766 \$150

Check No. \$30 refund

See Category 3P

See 1200

Rec'd 1/23/85

Received By (S)

RECEIVED BY LFMB

Date 1/23/85

Log Jan 13

By [Signature]

Orig. To [Signature]

CONTROL NO Action Camp 9

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9. STORAGE OF SEALED SOURCES

LINE NO.	CONTAINER AND/OR DEVICE IN WHICH EACH SEALED SOURCE WILL BE STORED OR USED. A.	NAME OF MANUFACTURER B.	MODEL NUMBER C.
(1)	Source Housing	Ohmart	SHRM-2
(2)			
(3)			
(4)			

10. RADIATION DETECTION INSTRUMENTS

LINE NO.	TYPE OF INSTRUMENT A.	MANUFACTURER'S NAME B.	MODEL NUMBER C.	NUMBER AVAILABLE D.	RADIATION DETECTED (alpha, beta, gamma, neutron) E.	SENSITIVITY RANGE (milliroentgens/hour or counts/minute) F.
(1)	NOT REQUIRED	OHMART REPRESENTATIVE MADE RADIATION SURVEY	AND			
(2)	OCCUPANCY EVALUATION AT TIME OF INSTALLATION					
(3)						
(4)						

11. CALIBRATION OF INSTRUMENTS LISTED IN ITEM 10

☒ a. CALIBRATED BY SERVICE COMPANY

NAME, ADDRESS, AND FREQUENCY
 Ohmart Radioactive Source Leak Test Service
 The Ohmart Corp. Checked every 3 yrs
 4241 Allendorf Dr. Last Check 6/9/78
 Cincinnati 9, Ohio

☐ b. CALIBRATED BY APPLICANT

Attach a separate sheet describing method, frequency and standards used for calibrating instruments.

12. PERSONNEL MONITORING DEVICES

TYPE (Check and/or complete as appropriate.) A.	SUPPLIER (Service Company) B.	EXCHANGE FREQUENCY C.
<input type="checkbox"/> (1) FILM BADGE <input type="checkbox"/> (2) THERMOLUMINESCENCE DOSIMETER (TLD) <input type="checkbox"/> (3) OTHER (Specify): _____ _____ _____	Nothing Required. Radiation Levels and occupancy will not be such as to require monitoring	<input type="checkbox"/> MONTHLY <input checked="" type="checkbox"/> N/A <input type="checkbox"/> QUARTERLY <input type="checkbox"/> OTHER (Specify): _____ _____ _____

13. FACILITIES AND EQUIPMENT (Check where appropriate and attach annotated sketch(es) and description(s).)

- ☐ a. LABORATORY FACILITIES, PLANT FACILITIES, FUME HOODS (Include filtration, if any), ETC.
☐ b. STORAGE FACILITIES, CONTAINERS, SPECIAL SHIELDING (fixed and/or temporary), ETC.
☐ c. REMOTE HANDLING TOOLS OR EQUIPMENT, ETC.
☐ d. RESPIRATORY PROTECTIVE EQUIPMENT, ETC.

N/A

14. WASTE DISPOSAL

a. NAME OF COMMERCIAL WASTE DISPOSAL SERVICE EMPLOYED

N/A

b. IF COMMERCIAL WASTE DISPOSAL SERVICE IS NOT EMPLOYED, SUBMIT A DETAILED DESCRIPTION OF METHODS WHICH WILL BE USED FOR DISPOSING OF RADIOACTIVE WASTES AND ESTIMATES OF THE TYPE AND AMOUNT OF ACTIVITY INVOLVED. IF THE APPLICATION IS FOR SEALED SOURCES AND DEVICES AND THEY WILL BE RETURNED TO THE MANUFACTURER, SO STATE.

N/A

CONTROL NO. 78069

INFORMATION REQUIRED FOR ITEMS 15, 16 AND 17

Describe in detail the information required for Items 15, 16 and 17. Begin each item on a separate page and key to the application as follows:

SEE ATTACHED

15. **RADIATION PROTECTION PROGRAM.** Describe the radiation protection program as appropriate for the material to be used including the duties and responsibilities of the Radiation Protection Officer, control measures, bioassay procedures (if needed), day-to-day general safety instruction to be followed, etc. If the application is for sealed source's also submit leak testing procedures, or if leak testing will be performed using a leak test kit, specify manufacturer and model number of the leak test kit.

16. **FORMAL TRAINING IN RADIATION SAFETY.** Attach a resume for each individual named in Items 6 and 7. Describe individual's formal training in the following areas where applicable. Include the name of person or institution providing the training, duration of training, when training was received, etc.

- a. Principles and practices of radiation protection.
- b. Radioactivity measurement standardization and monitoring techniques and instruments.
- c. Mathematics and calculations basic to the use and measurement of radioactivity.
- d. Biological effects of radiation.

N/A

17. **EXPERIENCE.** Attach a resume for each individual named in Items 6 and 7. Describe individual's work experience with radiation, including where experience was obtained. Work experience or on-the-job training should be commensurate with the proposed use. Include list of radioisotopes and maximum activity of each used.

N/A

18. CERTIFICATE

(This item must be completed by applicant)

The applicant and any official executing this certificate 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, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our 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.

a. LICENSE FEE REQUIRED
(See Section 170.31, 10 CFR 170)

\$150.00

b. CERTIFYING OFFICIAL (Signature)

c. NAME (Type or print)
Jacob Huebert

(1) LICENSE FEE CATEGORY: 3. By Product Material

d. TITLE
President

(2) LICENSE FEE ENCLOSED: \$ 150.00

e. DATE 12/13/79

15. Control Measures - Source holder will be shipped and installed in CLOSED position. Source holder placed in OPEN position after mounting when process is started. If process is shut down, source holder will be placed in CLOSED position. If source holder is removed, it will be placed in the CLOSED position before removal.

Initial radiation survey will be made by the Ohmart Corporation field engineer at the time of installation of the gage. A copy of the radiation survey will be kept on file for future reference.

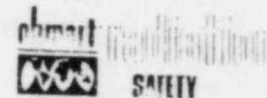
If maintenance or repair of the source holder is required, it will be returned to the Ohmart Corporation in the CLOSED position. The Ohmart Corporation will be contacted for detailed shipping instructions.

The Ohmart Corporation, the local Public Health Agency, the Directorate of Regulatory Operations, State Office or other qualified agency will be contacted immediately in the event of an emergency involving the source holder. (Such an emergency might be a fire or explosion involving the source holder or damage to the source holder which would prevent placing it in the CLOSED position). In the event of an emergency, the area in the vicinity of the source holder will be barricaded until inspected by a qualified person.

Leak Test Procedure - A test will be performed on the surface of the source holder every 3 years by The Ohmart Corporation, to assure that there has been no leakage of radioactive material from the source container in the source holder. The leak test materials will be supplied and analyzed by the Ohmart Corporation. The Ohmart Corporation standard "Leak Test Procedure for Sealed Sources (6-58 Amended 10-65) - Sealed Sources in Ohmart Source Holders" will be followed.

Whenever the source holder is not needed, it will be returned to The Ohmart Corporation. The Ohmart Corporation will be contacted for detailed shipping instructions.

The Ohmart Corporation
4241 Allendorf Drive • Cincinnati, Ohio 45209
Phone (513) 272-0127 • TWX 810 461-2255



Wipe Test Kit

Kit No. _____ Date _____

Customer P.O. No. _____

FILE

Hubert Fiber BD Inc.
P.O. Box 167
Boonville MO
ATTN: J. H. Hubert

Caution: This kit is to be used only for the source holder described below. The information below appears on the metallic label on the actual OHMART source holder. Supply similar information if holder not OHMART.

S.O. No.

48003

Isotope

CS137

Serial No.

2298

m.C.I.

15

Source Holder

E15-00

Date Shipped

2/75

User Identification

-

Other

-

Date of Test

9/24/82

Tested By (Tester's Signature)

George Tye

This kit is to be used only by those whose license permit them to perform wipe tests. (Per CFR-16 Part 20)

OHMART ANALYSIS

The following are analysis results:

Source is OK



(Activity less than 0.005 μ Ci)



Rewipe Required



Defective

CPH:60

R. Butler

Tested By/Authorized Signature

12-16-82

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