

34-205

NRC Form 313 I (12-81) 10 CFR 30		U.S. NUCLEAR REGULATORY COMMISSION		1. APPLICATION FOR: (Check and/or complete as appropriate)	
APPLICATION FOR BYPRODUCT MATERIAL LICENSE INDUSTRIAL				a. NEW LICENSE	
<i>See attached instructions for details.</i>				b. AMENDMENT TO: LICENSE NUMBER 06-01765-01	
<i>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.</i>				c. RENEWAL OF: LICENSE NUMBER	
2. APPLICANT'S NAME (Institution, firm, person, etc.) Department of the Navy Naval Undersea Medical Institute TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION (203) 449-3260			3. NAME AND TITLE OF PERSON TO BE CONTACTED REGARDING THIS APPLICATION LCDR Michael G. KNIGHT, MSC, USN TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION (203) 449-2875		
4. APPLICANT'S MAILING ADDRESS (Include Zip Code) (Address to which NRC correspondence, notices, bulletins, etc., should be sent.) Box 159 Naval Submarine Base New London Groton, CT 06349			5. STREET ADDRESS WHERE LICENSED MATERIAL WILL BE USED (Include Zip Code) Same as #4		
(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. Radioactive materials are to be used by or under the direct supervision of					
b. individuals designated by the Radiation Safety Committee. The Radiation Safety					
c. Officer will serve as Chairman of this committee.					
7. RADIATION PROTECTION OFFICER			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					
L I N E 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 ACTI- VITY PER SOURCE WHICH WILL BE POSSESSED AT ANY ONE TIME D	
(1)					
(2)					
(3)					
(4)					
DESCRIBE USE OF LICENSED MATERIAL E					
(1)					
(2)	8507030708 850618 NMSS LIC30 06-01765-01 PDR				
(3)					
(4)					

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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. <div style="text-align: center;">A.</div>	NAME OF MANUFACTURER <div style="text-align: center;">B.</div>	MODEL NUMBER <div style="text-align: center;">C.</div>
(1)	Not Applicable		
(2)			
(3)			
(4)			

10. RADIATION DETECTION INSTRUMENTS						
LINE NO.	TYPE OF INSTRUMENT <div style="text-align: center;">A</div>	MANUFACTURER'S NAME <div style="text-align: center;">B</div>	MODEL NUMBER <div style="text-align: center;">C</div>	NUMBER AVAILABLE <div style="text-align: center;">D</div>	RADIATION DETECTED (alpha, beta, gamma, neutron) <div style="text-align: center;">E</div>	SENSITIVITY RANGE (milliroentgens/hour or counts/minute) <div style="text-align: center;">F</div>
(1)						
(2)						
(3)						
(4)						

11. CALIBRATION OF INSTRUMENTS LISTED IN ITEM 10	
<input type="checkbox"/> a. CALIBRATED BY SERVICE COMPANY NAME, ADDRESS, AND FREQUENCY	<input type="checkbox"/> b. CALIBRATED BY APPLICANT <i>Attach a separate sheet describing method, frequency and standards used for calibrating instruments.</i>

12. PERSONNEL MONITORING DEVICES		
TYPE (Check and/or complete as appropriate.) <div style="text-align: center;">A</div>	SUPPLIER (Service Company) <div style="text-align: center;">B</div>	EXCHANGE FREQUENCY <div style="text-align: center;">C</div>
<input type="checkbox"/> (1) FILM BADGE <input checked="" type="checkbox"/> (2) THERMOLUMINESCENCE DOSIMETER (TLD) <input type="checkbox"/> (3) OTHER (Specify): _____ 	Naval Medical Command Dosimetry Center	<input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input checked="" type="checkbox"/> OTHER (Specify): <u>6 to 7 Weeks</u>

13. FACILITIES AND EQUIPMENT (Check where appropriate and attach annotated sketch(es) and description(s).)
<input type="checkbox"/> a. LABORATORY FACILITIES, PLANT FACILITIES, FUME HOODS (Include filtration, if any), ETC. <input type="checkbox"/> b. STORAGE FACILITIES, CONTAINERS, SPECIAL SHIELDING (fixed and/or temporary), ETC. <input type="checkbox"/> c. REMOTE HANDLING TOOLS OR EQUIPMENT, ETC. <input type="checkbox"/> d. RESPIRATORY PROTECTIVE EQUIPMENT, ETC.

14. WASTE DISPOSAL
a. NAME OF COMMERCIAL WASTE DISPOSAL SERVICE EMPLOYED
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.

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:

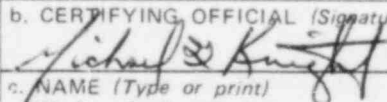
15. **RADIATION PROTECTION PROGRAM.** Describe the radiation protection program as appropriate for the material to be used including the duties and responsibilities of the Radiation Protection Officer, control measures, bioassay procedures (*if needed*), day-to-day general safety instruction to be followed, 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.
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.

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)	b. CERTIFYING OFFICIAL (Signature)  c. NAME (Type or print) Michael G. Knight LCDR MSC USN
(1) LICENSE FEE CATEGORY:	d. TITLE Radiation Health Officer
(2) LICENSE FEE ENCLOSED: \$	e. DATE 23 May 1984

FCML:STM

Department of the Navy
ATTN: C. A. Pryor, Jr.
Naval Undersea Medical Institute
Box 159
Naval Submarine Base New London
Groton, Connecticut 06349

Docket No. 080-00605
License No. 06-01765-01
Control No. 17620

SUBJECT: LICENSE RENEWAL APPLICATION

Gentlemen:

This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

Any correspondence regarding the renewal application should reference the control number specified and your license number.

Sincerely,

Francis A. St. Mary
Material Licensing Branch
Division of Fuel Cycle and
Material Safety

DWPE

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