

03020617

ORC

VOID SHEET

TO: License Fee Management Branch
FROM: Carolyn Boyle
SUBJECT: VOIDED APPLICATION

Control Number: 122964

Applicant: Nuclear Research Corp.

Date Voided: 06/05/96

Reason for Void: License currently authorizes

requested activity. No amendment needed at this time.

Susan L. Greene

Signature

06/05/96

Date

IMAB/IMNS/NMSS

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

Final Review of VOID Completed:

- ☒ Refund Authorized and processed
☐ No Refund Due
☐ Fee Exempt or Fee Not Required

Comments: _____

Log completed ☒

Processed by: _____

9610250207 960605
PDR ADOCK 03020617
C PDR

0/1
MLC
copy to Reg I



NUCLEAR RESEARCH CORPORATION

March 1, 1996

U.S. Nuclear Regulatory Commission
Region 1
475 Allendale Road
King of Prussia, PA 19406-1415

Attention: License Assistance Section

Reference: License No. 37-02401-05E
Docket No. 030-20617

Dear Sir:


Nuclear Research Corporation requests an amendment to our U.S. NRC License No. 37-02401-05E to add commercial distribution of exempt quantity check sources to persons exempt from licensing pursuant to 10 CFR 30.15 and 10 CFR 30.18, or equivalent provisions of the regulations of any Agreement State.

Exempt quantity disk sources will be purchased from companies authorized to manufacture and distribute exempt quantities of radioactive sources. We will distribute these sources with our survey and radiation detection equipment.

Enclosed please find a check for \$840.00 to cover the cost of adding this condition under category 3I to our U.S. NRC license.

Should you have any questions, please get in touch with the undersigned or the Radiation Safety Officer, Mr. T.W. Schwager, at 215-343-5900.

Sincerely,
NUCLEAR RESEARCH CORPORATION



Earl M. Pollock
President

Enclosure: Check# 30742

122964

(FOR LFMS USE)

INFORMATION FROM LTS

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

PROGRAM CODE: 03251
STATUS CODE: 0
FEE CATEGORY: 3H 3I
EXP. DATE: 19971130
FEE COMMENTS: 32.14/18 3H 3I OK
DECOM FIN ASSUR REQD: N

LICENSE FEE TRANSMITTAL

A. REGION

HQ

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: NUCLEAR RESEARCH CORPORATION
RECEIVED DATE: 960304
DOCKET NO: 3020617
CONTROL NO.: 122964
LICENSE NO.: 37-02401-05E
ACTION TYPE: AMENDMENT

2. FEE ATTACHED

AMOUNT: \$840.00
CHECK NO.: 30742

3. COMMENTS

SIGNED
DATE

M. A. Perkins
3/20/96

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED 1/1)

1. FEE CATEGORY AND AMOUNT:

3H 3I

\$840

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:

AMENDMENT
RENEWAL
LICENSE

3. OTHER

SIGNED
DATE

3/25/96

Log	Mar -1
Remitter	
Check No.	30742
Amount	\$840
Fee Category	3H 3I
Type of Fee	Amend
Date Check	3/24/96
Date Completed	
By:	

Refunded \$840

LTS WORKSHEET

DOCKET NO : 03020617	LICENSE NO : 37-02401-05E	STATUS: 0
MAIL CONTROL: 122964	RECEIPT DATE : 960304 DUE DATE : 960602	ACTION TYPE: 4
FED. GOVT : C	INST. CODE : 02401	LICENSE REGION: 0
ISSUE DATE: 921103	ORIGINAL DATE: 850226	EXPIRATION DATE: 19971130
NAME : NUCLEAR RESEARCH CORPORATION	DECOM FIN ASSUR REQD: N SUBM: _	
DEPT/BUREAU: _____	CONT PLAN REQD: N APPRV: _	
BUILDING : _____		
STREET : 125 TITUS AVENUE		
CITY : WARRINGTON	STATE: PA	ZIP: 18976
CONTACT PERSON: T. W. SCHWAGER, RSD	PHONE: 215-343-5900	
PRIMARY PGM CODE : 03251	SECONDARY PGM CODES: _____	
INSPECTION REGION: 1	PRIORITY CODE: 5	INSPECTION CATEGORY: E
RADIATION SAFETY OFFICER: _____		
STATES WHERE USE IS AUTHORIZED: 1	0 - ALL LISTED STATES 1 - SAME AS STATE IN ADDRESS 2 - ALL STATES 3 - NON-AGREEMENT STATES	
AUTHORIZED STATES: _____	(USE ONLY IF ABOVE IS ZERO)	
REPORTING IDENTIFICATION SYMBOL: _____		
APPROVAL FOR: REDISTRIBUTION: N	STORAGE ONLY: N	
TEMPORARY JOB SITES: N	INCINERATION: N	
BURIAL: N		
EXEMPTIONS: (1) _____	(2) _____	

HQ

POSSESSION LIMIT INFORMATION

PAGE: 2

MATERIAL TYPE : NPA FORM CODE: NPA AGGREGATE CODE: NPA
MODEL NUMBER : -----
DESCRIPTION : -----
TOTAL QUANTITY : 0000000.000000000 UNIT: ---
OTHER : - # SOURCES: ---

MATERIAL TYPE : ----- FORM CODE: --- AGGREGATE CODE: ---
MODEL NUMBER : -----
DESCRIPTION : -----
TOTAL QUANTITY : ----- UNIT: ---
OTHER : - # SOURCES: ---

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MODEL NUMBER : -----
DESCRIPTION : -----
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MODEL NUMBER : -----
DESCRIPTION : -----
TOTAL QUANTITY : ----- UNIT: ---
OTHER : - # SOURCES: ---

NAME

AUTHORIZATION

ADDRESS WHERE MATERIAL IS USED OR POSSESSED

BUILDING: -----
ROOM: -----
STREET: -----
CITY: -----
STATE: -----

BUILDING: -----
ROOM: -----
STREET: -----
CITY: -----
STATE: -----

BUILDING: -----
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BUILDING: -----
ROOM: -----
STREET: -----
CITY: -----
STATE: -----

DOCKET: 03020617 LIC: 37-02401-05E NAME: NUCLEAR RESEARCH CORPORATION

PARTY ISSUING MECHANISM: ASSUR TYPE : _ (C=CERT D=DFP)
NAME : MECH TYPE : _
ADDR1: MECH AMOUNT : _
ADDR2: APPROVED? _ DATE: _
CITY : EXPIRES ? _ DATE: _
STATE: _ ZIP: _

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ADDR1: MECH AMOUNT : _
ADDR2: APPROVED? _ DATE: _
CITY : EXPIRES ? _ DATE: _
STATE: _ ZIP: _

LICENSE DATA, CONTINUED

PAGE: 5

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DOCKET NO: 03020617 LICENSE NUMBER: 37-02401-05E

NAME : NUCLEAR RESEARCH CORPORATION

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MEDICAL QUALITY MANAGEMENT PROGRAM REQUIRED: N RECEIVED: _ APPROVED: _

DECOMMISSIONING FINANCIAL ASSURANCE REQUIRED: N SUBMITTED: _

CONTINGENCY PLAN REQUIRED: N APPROVED: _

=====

DECAY-IN-STORAGE APPROVED: N HOLDING FOR < 10 HALF-LIVES APPROVED: _

T 1/2 > 65 DAYS, ISOTOPE(S):

INTERIM STORAGE UP TO 1996: N

=====

OCT 24 1996

DIVISION OF ACCOUNTING AND FINANCE REQUEST FOR REFUND TO EMPLOYEE/VENDOR

THE EMPLOYEE/VENDOR IDENTIFIED BELOW HAS OVERPAID THE NUCLEAR REGULATORY COMMISSION FOR GOODS AND/OR SERVICES PROVIDED AND IS DUE A REFUND

EMPLOYEE/VENDOR/PAYEE CODE: _____

NAME: Nuclear Research Corporation

ADDRESS: ATTN: Earl M. Pollock, President

ADDRESS: 125 Litus Avenue

CITY: Warrington STATE: PA ZIP: 18976

TRANS CODE: PX

TRANS TYPE: FE FUND: X5280 JOB CODE: _____ AMOUNT: \$840.00

TRANS TYPE: IR FUND: R1435 JOB CODE: INTR AMOUNT: _____

TRANS TYPE: IR FUND: R1099 JOB CODE: ADCH AMOUNT: _____

TRANS TYPE: IR FUND: R1099 JOB CODE: FINE AMOUNT: _____

TOTAL REFUND AMOUNT: \$840.00

COMMENTS: Lic 37-02401-05E/CR 30742/3-1-96 Reg.

(limit comments to 40 characters, including spaces)

PREPARED BY: Sandra Kimberly DATE: 10/24/96 ^{SLC}

AUTHORIZED BY: John B. Doe DATE: 11/21/96

ORIGINAL INV. NO: _____ DATE PAID: _____ AMOUNT: _____

REFUND ENTERED INTO COLLECT BY: _____

REFUND DETERMINED BY: _____ DATE: _____

PLEASE ATTACH APPROPRIATE SUPPORTING DOCUMENTATION

See 122914-Mar. 1 HPS