

L+L = 20836  
030-21244

<b>NRC Form 313 I</b> (12-81) 10 CFR 30		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		<b>1. APPLICATION FOR:</b> (Check and/or complete as appropriate)  03120	
<b>APPLICATION FOR BYPRODUCT MATERIAL LICENSE</b> <b>INDUSTRIAL</b>				<input checked="" type="checkbox"/> a. NEW LICENSE	
<i>See attached instructions for details.</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.				b. AMENDMENT TO: LICENSE NUMBER	
				c. RENEWAL OF: LICENSE NUMBER	
<b>2. APPLICANT'S NAME</b> (Institution, firm, person, etc.)  Delta Penn Corp. TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION 412 / 539-6667			<b>3. NAME AND TITLE OF PERSON TO BE CONTACTED</b> REGARDING THIS APPLICATION  Robert M. Walston TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION 412 / 539-6667		
<b>4. APPLICANT'S MAILING ADDRESS</b> (Include Zip Code) (Address to which NRC correspondence, notices, bulletins, etc., should be sent.) Box 494 R06 LA Trobe, PA. 15650			<b>5. STREET ADDRESS WHERE LICENSED MATERIAL WILL BE USED</b> (Include Zip Code) Box 494 R06 LA Trobe, PA. 15650		
(IF MORE SPACE IS NEEDED FOR ANY ITEM, USE ADDITIONAL PROPERLY KEYED PAGES.)					
<b>6. INDIVIDUAL(S) WHO WILL USE OR DIRECTLY SUPERVISE THE USE OF LICENSED MATERIAL</b> (See Items 16 and 17 for required training and experience of each individual named below)					
FULL NAME			TITLE		
a. Robert M. Walston			Project Manager		
b. 8507230412 850710 REG1 LIC30 37-20836-01 PDR					
<b>7. RADIATION PROTECTION OFFICER</b>  Robert M. Walston			Attach a resume of person's training and experience as outlined in Items 16 and 17 and describe his responsibilities under Item 15.		
<b>8. LICENSED MATERIAL</b>					
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)	CS-137	Ohmart Corp. dev. se	Listed on Ohmart License.		
(2)		No 34-00639-01, Amendment		(A) 3 scales - Not to exceed 50 nCi each	
(3)	CS-137	Sealed Source	Ohmart A-2102	(B) 1 density - 1500 nCi	
(4)	License Fee Information			(C) 12 level - Not to exceed 100 nCi each	
on Next Page					
<b>DESCRIBE USE OF LICENSED MATERIAL</b> E					
(1)	Testing for proper operation of OFF/ON mechanism - Not to exceed 6 mo.				
(2)	Intervals				
(3)	"Wipe Test interval - Not to exceed 3 years."				
(4)	(A) To be used in Ohmart SR-100 Source holder to weigh process material And measure level of process material.				
(B) To be used in Ohmart SR-1A Source holder to measure density of process material					

## 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 Holder	Ohmart	
(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)	None required by the user. The Ohmart Corp. will provide a					
(2)	Field Service Representative to do initial and on-going tests					
(3)	required, using proper instrumentation.					
(4)						

## 11. CALIBRATION OF INSTRUMENTS LISTED IN ITEM 10

☐ a. CALIBRATED BY SERVICE COMPANY

NAME, ADDRESS, AND FREQUENCY

Not applicable

☐ b. CALIBRATED BY APPLICANT

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

Not Applicable

## 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	None required by user. Radiation does not exceed 5 mr/hr at one (1) foot from gauge outline and 100 mr/hr field is not present	<input type="checkbox"/> MONTHLY
<input type="checkbox"/> (2) THERMOLUMINESCENCE DOSIMETER (TLD)		<input type="checkbox"/> QUARTERLY
<input type="checkbox"/> (3) OTHER (Specify):  Not Applicable		<input type="checkbox"/> OTHER (Specify):  Not Applicable

## 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.

Not Applicable

## 14. WASTE DISPOSAL

a. NAME OF COMMERCIAL WASTE DISPOSAL SERVICE EMPLOYED

Ohmart Corporation

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.

It is for sealed sources and will be returned to the Ohmart Corp.

# 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.

RECEIVED BY LFMB	
Date...	4/22/85
Log...	Apr 12 1985
Orig. To...	Brown
Action Compl...	4/25/85

Applicant...	Tex-Homa, Inc.
Check No....	1586
Amount/Fee Category...	\$ 230/3P
Type of Fee...	Application
Date Check Recd...	4/23/85
Received By...	Brown

## 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) <i>Robert N. Walston</i>
\$ 230.00	c. NAME (Type or print) Robert N. Walston
(1) LICENSE FEE CATEGORY: 3-P	d. TITLE President
(2) LICENSE FEE ENCLOSED: \$ 230.00	e. DATE April 10, 1985

"Name": Robert M. Walston

Education: M.S. Chemical Engineering  
Oklahoma State University

Radiation Experience General Electric Co.  
Atomic Power and Equipment Department  
Vallecitos Atomic Labs

Engineer 1958 - 1961

Completed several radiation safety training  
courses during this period of employment.

Covering:

1. Radiation protection, measurement, and monitoring techniques.
2. Biological effects of radiation.
3. Calculations for the use of, and measurement of radioactivity.

BETWEEN: William O. Miller, Chief  
License Fee Management Branch  
Office of Administration

John E. Glenn, Chief  
Nuclear Materials Section B  
Division of Engineering and  
Technical Programs

*Expedite*

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: Delta-Penn Corporation

Application Dated: 4/10/85

Control No.: 03671

License No.: NEW

2. FEE ATTACHED

Amount: \$230.00

Check No.: 1586

3. COMMENTS

Signed Brenda Platchek

Date 4/16/85

B. LICENSE FEE MANAGEMENT BRANCH

1. Fee Category and Amount: new 3P \$230

2. Correct Fee Paid. Application may be processed for:

Amendment                     

Renewal                     

License ✓

Signed Frances Brown

Date 4/23/85

*4/25/85*



THIS CHECK IS DELIVERED FOR PAYMENT ON THE FOLLOWING ACCOUNTS.		AMOUNT
DATE	Twelve Dec	
TOTAL OF INVOICES		
LESS	25 DISCOUNT	
LESS		
TOTAL DEDUCTIONS		
AMOUNT OF CHECK		270 00

1586

501 N. MILLER 405-948-1545  
OKLAHOMA CITY, OK 73107

4-10 1985

PAY  
TO THE  
ORDER OF

PAY TO THE ORDER OF Nuclear Regulatory Commission \$ 230.  
Two hundred thirty And <sup>no</sup>/<sub>100</sub> DO

TOTAL OF INVOICES

LESS	% DISCOUNT
100	0
90	10
80	20
70	30
60	40
50	50
40	60
30	70
20	80
10	90
0	100

LEAS

TOTAL DEDUCTIONS

AMOUNT OF CHECK

230	00
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United Del City Bank

(405) 677-8711 P.O. Box 55500  
Del City, Oklahoma 73155



Deborah J. Walston

"B070002700 :158277E07:" "985700"