

NRC Form 313 I (12-81) 10 CFR 30		U.S. NUCLEAR REGULATORY COMMISSION		1. APPLICATION FOR: <i>(Check and/or complete as appropriate)</i>	
<b>APPLICATION FOR BYPRODUCT MATERIAL LICENSE INDUSTRIAL</b>				a. NEW LICENSE	
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.				b. AMENDMENT TO: LICENSE NUMBER 47-01876-01	
				c. RENEWAL OF: LICENSE NUMBER	
2. APPLICANT'S NAME <i>(Institution, firm, person, etc.)</i> E. I. du Pont de Nemours & Co. Washington Works  TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION 304-863-2000			3. NAME AND TITLE OF PERSON TO BE CONTACTED REGARDING THIS APPLICATION L. E. Busch, RPO  TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION 304-863-4479		
4. APPLICANT'S MAILING ADDRESS <i>(Include Zip Code)</i> <i>(Address to which NRC correspondence, notices, bulletins, etc., should be sent.)</i>  P.O. Box 1217 Parkersburg, WV 26101			5. STREET ADDRESS WHERE LICENSED MATERIAL WILL BE USED <i>(Include Zip Code)</i>  7 miles west of Parkersburg, WV on DuPont Road		
(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 <i>(See Items 16 and 17 for required training and experience of each individual named below)</i>					
FULL NAME			TITLE		
a. K. E. McNulty			Senior Engineer		
b. L. W. Oehlmann			Senior Engineer		
c. A. R. Hoppie			Senior Engineer		
7. RADIATION PROTECTION OFFICER L. E. Busch			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	CHEMICAL AND/OR PHYSICAL FORM	NAME OF MANUFACTURER AND MODEL NUMBER <i>(If Sealed Source)</i>	MAXIMUM NUMBER OF MILLICURIES AND/OR SEALED SOURCES AND MAXIMUM ACTIVITY PER SOURCE WHICH WILL BE POSSESSED AT ANY ONE TIME	
(1)	Am-241/Be	Solid	GammaTron Mod. AN-HP or Amersham Mod. AMN. 18 or AMN. 19	Not to exceed 500mC per source	WW# J80
(2)	<div style="border: 1px solid black; padding: 5px;">           Applicant: 319 565 64            Check No. 860/3P            Amount: Amendment            Type of: 5/21/83            Date Check: Brown            Received by:         </div>				
(3)					
(4)					
DESCRIBE USE OF LICENSED MATERIAL					
(1)	Used in an RMD, Inc., 44 Hunt St. Watertown, Mass 02172				<div style="border: 1px solid black; padding: 5px;">             RECEIVED              Date: 5/24/85              May 31              Brown              One To: 5/29/85              Action Compl:           </div>
(2)	Chemical Analyzer. Models 200 thru 299 with suffixes.				
(3)					
(4)	8508120690 850725 REG2 LIC30 47-01876-01 PDR				

## 9. STORAGE OF SEALED SOURCES

LINE NO.	CONTAINER AND/OR DEVICE IN WHICH EACH SEALED SOURCE WILL BE STORED OR USED.	NAME OF MANUFACTURER	MODEL NUMBER
	A.	B.	C.
(1)	Chemical Analyzer	RMD, Inc.	200 Series
(2)			
(3)			
(4)			

## 10. RADIATION DETECTION INSTRUMENTS

LINE NO.	TYPE OF INSTRUMENT	MANUFACTURER'S NAME	MODEL NUMBER	NUMBER AVAILABLE	RADIATION DETECTED (alpha, beta, gamma, neutron)	SENSITIVITY RANGE (milliroentgens/hour or counts/minute)
	A	B	C	D	E	F
(1)	GM	Eberline	E120	2	$\beta, \gamma$	0.5, 5, 50 mR/HR
(2)	Ionization	Victoreen	440	1	$\alpha, \beta, \gamma$ and X-Ray	3, 10, 30, 100 300 mR/HR
(3)	GM	Victoreen	THYAC 111 490	1	$\alpha, \beta, \gamma$	0.2, 2, 20 200 mR/HR
(4)						

## 11. CALIBRATION OF INSTRUMENTS LISTED IN ITEM 10

☐ a. CALIBRATED BY SERVICE COMPANY  
NAME, ADDRESS, AND FREQUENCY

☐ 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 checked="" type="checkbox"/> (1) FILM BADGE	R. S. Landauer, Jr., & Sons Co. Glenwood Science Park Glenwood, IL 60425	<input checked="" type="checkbox"/> MONTHLY
<input type="checkbox"/> (2) THERMOLUMINESCENCE DOSIMETER (TLD)		<input type="checkbox"/> QUARTERLY
<input type="checkbox"/> (3) OTHER (Specify): _____ _____ _____		<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. No change
- ☐ c. REMOTE HANDLING TOOLS OR EQUIPMENT, ETC.
- ☐ d. RESPIRATORY PROTECTIVE EQUIPMENT, ETC.

## 14. WASTE DISPOSAL

- a. NAME OF COMMERCIAL WASTE DISPOSAL SERVICE EMPLOYED Disposal handled thru DuPont's Energy & Materials Dept., Wilmington, DE
- 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.

Items 15, 16 & 17: No change from License No. 47-01876-01  
Dated Oct. 4, 1983

## 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)

\$60.00

b. CERTIFYING OFFICIAL (Signature)

*L. E. Busch*

c. NAME (Type or print)

L. E. Busch

(1) LICENSE FEE CATEGORY:

d. TITLE

Radiation Protection Officer

(2) LICENSE FEE ENCLOSED: \$ 60.00

e. DATE

May 9, 1985

## CONVERSATION RECORD

TIME 11<sup>20</sup> AM

DATE

7/24/85

TYPE

☐ VISIT☐ CONFERENCE☒ TELEPHONE☐ INCOMING☒ OUTGOING

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Steve Braggett

ORGANIZATION (Office, dept., bureau, etc.)

NMSS  
HDOs

TELEPHONE NO.

427-  
9005

SUBJECT

Amendment of Import License 47-01876-01  
Control # 18992 (Customs Mode device)

SUMMARY

- Asked Braggett if her review had been completed. His answer was yes -  
I'd want to go ahead & issue the amendment  
and the paper work would follow shortly -

ACTION REQUIRED

Issue amendment

NAME OF PERSON DOCUMENTING CONVERSATION

PAUL R. GUINA

SIGNATURE

Paul R. Guina

DATE

7/24/85

ACTION TAKEN

SIGNATURE

TITLE

DATE