

030-06736

NRC Form 313R (4-82) 10 CFR 34	U.S. NUCLEAR REGULATORY COMMISSION APPLICATION FOR BYPRODUCT MATERIAL LICENSE— USE OF SEALED SOURCES IN RADIOGRAPHY	Approved by OMB 3150-0023 Expires 12-31-84
--------------------------------------	---	--

(SEE ATTACHED NRC FORM 313R INSTRUCTIONS AND NRC REGULATORY GUIDE 10.6—USE SUPPLEMENTAL SHEET WHERE NECESSARY) BE SURE ALL ITEMS ARE COMPLETED AND THAT ALL NECESSARY ATTACHMENTS ARE FURNISHED. IF ANY PORTION OF THE APPLICATION IS NOT APPLICABLE SPECIFICALLY SO STATE. DEFICIENT OR INCOMPLETE APPLICATIONS MAY BE RETURNED WITHOUT CONSIDERATION. LICENSE FEE REQUIRED, SEE ITEM 7 OF INSTRUCTIONS.

1(a) NAME AND ADDRESS OF APPLICANT AND TELEPHONE NUMBER The Vollrath Company 1236 North 18th Street Sheboygan, WI 53081	2. THIS IS AN APPLICATION FOR: (Check appropriate item) A. <input type="checkbox"/> NEW LICENSE B. <input type="checkbox"/> AMENDMENT TO LICENSE NO. _____ C. <input checked="" type="checkbox"/> RENEWAL OF LICENSE NO. <u>48-05395-01</u>
1(b) TELEPHONE NO.: Area Code <u>414</u> <u>459</u> <u>5248</u>	3. LOCATION(S) WHERE SEALED SOURCES WILL BE USED AND/OR STORED. (If use will be made in states other than named in 1(a), they should be listed here.) <u>Permanent</u> <u>Basis:</u> The Vollrath Company 1236 North 18th Street Sheboygan, WI 53081
1(c) APPLICANT IS: An individual <input type="checkbox"/> A partnership <input type="checkbox"/> A Corporation <input checked="" type="checkbox"/> An Unincorporated Association <input type="checkbox"/> Other <input type="checkbox"/> If applicant is other than an individual, the applicable section on the reverse side must be completed.	

4. SEALED SOURCES TO BE USED IN RADIOGRAPHY (Attach supplementary pages, if necessary)				
BYPRODUCT MATERIAL (Element and Mass No.)	SOURCE MODEL NUMBER	NAME OF MANUFACTURER	MAXIMUM ACTIVITY PER SOURCE	NUMBER OF SOURCES
A. Cobalt 60	A. 41708	A. Automation Ind. Inc.	A. 20 Curies	A. One
B. Iridium 192	B. 41708	B. Automation Ind. Inc.	B. 40 Curies	B. One
C.	C.	C.	C.	C.

5(a) RADIOGRAPHIC EXPOSURE DEVICES (Attach supplementary pages, if necessary)	
MODEL NUMBER	NAME OF MANUFACTURER (Include description if custom made)
A. Model 62C Projector (For both 4A & 4B Above)	A. Automation Industries Inc.
B.	B.
C.	C.

5(b) RADIOGRAPHIC SOURCE CHANGERS (Attach supplementary pages, if necessary)	
MODEL NUMBER	NAME OF MANUFACTURER (Include description if custom made)
A. Model I-563 (for Cobalt 60)	A. Automation Industries Inc.
B. Model I-349 (for Iridium 192)	B. Automation Industries Inc.
C.	C.

RECEIVED BY LFME

Date: 5/31/84

Log: May 31st

By: [Signature]

Orig To: [Signature]

Action Compl: [Signature]

6. THE FOLLOWING INFORMATION IS ATTACHED AS A PART OF THIS APPLICATION: (Check appropriate blocks and attach information called for in the instructions with this form.)			
	Not Applicable	Attached	Previously Submitted
(a) Description of radiographic facilities (Instruction 6-a)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> on _____ (DATE)
(b) Description of radiation detection instruments to be used (Instruction 6-b)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> on _____ (DATE)
(c) Instrument calibration procedures (Instruction 6-c)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> on _____ (DATE)
(d) Personnel monitoring equipment (Instruction 6-d)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> on _____ (DATE)
(e) Operating and emergency procedures (Instruction 6-e)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> on _____ (DATE)
(f) Training program (Instruction 6-f)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> on _____ (DATE)
(g) Internal inspection system or other management control (Instruction 6-g)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> on _____ (DATE)
(h) Overall organizational structure (Instruction 6-h)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> on _____ (DATE)
(i) Leak testing procedures (Instruction 6-i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> on _____ (DATE)

CERTIFICATE (This item must be completed by applicant)

7. THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE APPLICANT NAMED IN ITEM 1, 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.

LICENSE FEE ENCLOSED \$ 150.00

BY: Robert E. Przybyla
(Signature)
Robert E. Przybyla
(Type or print name of certifying official)
Foundry Manager
(Title of certifying official)

DATE: Apr 24, 1984

Applicant

Check No. 08678583

Amount / Fee Category

Type of Fee

Date Check Rec'd

Received By

Control No. 76668

REGION III

WARNING.—18 U.S.C. Section 1001, Act of June 30, 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.

8508130259 850731
REG3 LIC30
48-05395-01
PDR

LEGAL STRUCTURE OF APPLICANT

If applicant is a corporation, complete Items 8 through 11; if applicant is a partnership, complete Items 12 through 14; if applicant is an unincorporated association or a legal entity other than a partnership or corporation, complete Items 15 and 16. Attach separate sheets where space provided proves inadequate.

CORPORATION**8. STOCK OF APPLICANT CORPORATION**

NO. OF SHARES AUTHORIZED	NO. OF SHARES ISSUED	NO. OF SHARES SUBSCRIBED	TOTAL NUMBER OF:	
			(a) Stockholders	(b) Subscribers
1,000,000 Common	984,545	none	17	none

9. Is applicant corporation directly or indirectly controlled by another corporation or other legal entity? YES ☐ NO ☐

If answer is "YES" give name and address of other corporation or other legal entity and describe how such control exists and the extent thereof.

10. (a) Identify by name and address any individual, corporation, or other legal entity (1) owning 10 percent or more of the stock of applicant corporation issued and outstanding or (2) subscribing to 10 percent or more of the authorized but unissued stock of the corporation.
(b) Identify by name and address all officers and directors of the corporation.

Please see addendum

11. Identify the State, District, Territory, or possession under the laws of which the applicant is incorporated.

State of Wisconsin

PARTNERSHIP

12. Name and address of each individual or legal entity owning a partnership interest in the applicant.

Not applicable

13. State the percent of ownership of the applicant partnership held by each of the individuals or legal entities listed in Item 12.

Not applicable

14. Identify the State, District, Territory, or possession under the laws of which the applicant partnership is organized.

Not applicable

OTHER

15. Describe the nature of the applicant and identify the State, District, Territory, or possession under the laws of which it is organized.

Not applicable

16. State the total number of members or persons holding an ownership in the applicant, identify each by name and address, and indicate the ownership interest thereof.

Not applicable

ADDENDUM TO FORM NRC-313R
April 9, 1984
THE VOLLRATH COMPANY
SHEBOYGAN, WISCONSIN 53081

Item 6 (a): Information requested is contained in the following documents:

- 1.) Drawing #D-1350 dated 3-21-78
 - 2.) Description sheet of symbols used on gamma room drawing #D-1350
- 6 (b): See Operating and Emergency Instructions Section F.
- 6 (c): See Operating and Emergency Instructions Section T.
- 6 (d): See Operating and Emergency Instructions Section H.
- 6 (e): See Operating and Emergency Instructions to Radiographic Personnel enclosed.
- 6 (f): See Administrative Instructions to Radiographic Personnel, Section J.
- 6 (g): See Administrative Instructions to Radiographic Personnel, Sections A thru I.
- 6 (h): See Administrative Instructions to Radiographic Personnel, Section A, B, C and D.
- 6 (i): See Operating and Emergency Instructions to Radiographic Personnel, Section C.

Item 10(a):

Great Lakes Investment Company
Sheboygan, WI 53081

Terry Jodok Kohler 1960 Trust
Sheboygan, WI 53081

Charlotte Nicolette Kohler 1960 Trust
Sheboygan, WI 53081

Charlotte M. Kohler Marital Trust
Sheboygan, WI 53081

Item 10(b):

Terry J. Kohler	Chairman & CEO	Sheboygan, WI 53081
Carl P. Vollrath	Vice-President Secretary & Director	Sheboygan, WI 53081
Martin Crneckiy, Jr.	Vice-Pres., Finance & Treasurer	Kohler, WI 53044
Kenneth V. Benson	Vice-Pres., Corporate Development & Director	Oostburg, WI 53070
Charles L. Lightcap	Vice-Pres., Marketing	Kohler, WI 53044
Marilyn H. McBride	Vice-Pres., Human Resources	Port Washington, WI 53074
Mary L. Ten Haken	Asst. Secretary	Oostburg, WI 53070
William J. Abraham	Director	Milwaukee, WI
Charles E. Andrews	Director	Sheboygan, WI 53081
Thomas G. Belot	Director	Kohler, WI 53044
Roland M. Neumann	Director	Sheboygan, WI 53081
Paul V. Rohling	Director	Sheboygan, WI 53081
Joseph H. Schilder	Director	Sheboygan, WI 53081