

CERTIFICATE OF DISPOSITION OF MATERIALS

30-17018

(All items MUST be completed, please print)

LICENSEE NAME AND ADDRESS

Uniroyal, Inc.
Uniroyal Chemical Division
74 Amity Road
Bethany, CT 06525

LICENSE NUMBER

06-19134-01

LICENSE EXPIRATION DATE

02/28/85

THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT: (Check and/or complete the appropriate item(s) below.)

A. MATERIALS DATA (Check one and complete, as necessary)

- ☐ 1. NO MATERIALS HAVE EVER BEEN POSSESSED OR PROCURED BY THE LICENSEE UNDER THIS LICENSE.
- OR
- ☒ 2. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN TRANSFERRED ON

DATE

2/19/85

to William Harned

Uniroyal Chemical Division
Elm Street - Naugatuck, CT 06770

WHICH HAS NRC LICENSE NUMBER

06-00221-08

- OR
- ☐ 3. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN TRANSFERRED ON

DATE

TO

WHICH HAS LICENSE NUMBER

ISSUED BY THE STATE OF

AN AGREEMENT STATE PURSUANT TO SECTION 274 OF THE ATOMIC ENERGY ACT OF 1954, AS AMENDED, AND THE ENERGY REORGANIZATION ACT OF 1974.

- OR
- ☐ 4. MATERIALS HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER. (Describe specific disposal procedures—if additional space is needed, use the reverse of this form, or provide attachments)

B511270016 B50820
REG1 LIC30
06-19134-01 PDR

B. OTHER DATA

- ☐ 1. OUR LICENSE HAS NOT YET EXPIRED, PLEASE TERMINATE IT.
- ☐ 2. WAS A RADIATION SURVEY CONDUCTED TO CONFIRM THE ABSENCE OF LICENSED RADIOACTIVE MATERIALS AND TO DETERMINE WHETHER ANY CONTAMINATION REMAINS ON THE PREMISES COVERED BY THE LICENSE? (Check one)
- ☐ NO
- ☒ YES, THE RESULTS (Check one)
- ☒ ARE ATTACHED, OR
- ☐ WERE FORWARDED TO NRC ON (Date)

3. THE PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM

NAME
Harold Sisken

TELEPHONE NUMBER

203-393-2340

4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO

Harold Sisken, Uniroyal Inc., Uniroyal Chemical Division

74 Amity Road - Bethany, CT 06525

RETURN TO:

DIRECTOR, DIVISION OF FUEL CYCLE AND MATERIAL SAFETY
OFFICE OF NUCLEAR MATERIAL SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555

CERTIFYING OFFICIAL

SIGNATURE

Harold Sisken
PRINTED NAME AND TITLE
HAROLD SISKEN
RESEARCH SCIENTIST

DATE

6/11/85

42

Test for Radioactive Contamination, May 15, 1985

Sample Number

1. West end of the laboratory bench top.
2. Middle of the laboratory bench top.
3. East end of the laboratory bench top.
4. Upper shelf in radioactive storage cabinet.
5. Lower shelf in radioactive storage cabinet.
6. Walls and back side in upper section of radioactive storage cabinet.
7. Walls and back side in lower part of radioactive storage cabinet.
8. East wall of the fume hood.
9. West wall of the fume hood.
10. Back wall of the fume hood.
11. East half of the fume hood bench top.
12. West half of the fume hood bench top.
13. Blank for background.
14. East half of the laboratory bench front.
15. West half of the laboratory bench front.

Test for Radioactive Contamination - May 23, 1985

Sample Number

1. Upper shelf in radioactive storage cabinet.
2. Lower shelf in radioactive storage cabinet.
3. West wall in radioactive storage cabinet.
4. East wall in radioactive storage cabinet.
5. Back wall in radioactive storage cabinet.
6. Blank for background.
7. Front of radioactive storage cabinet.

```

PROGRAM #: 5
REGION A: LL-UL= 4- 156 LCR= 0 BKG= 0 % 2 SIGMA= .2
REGION B: LL-UL= 0- 156 LCR= 0 BKG= 0 % 2 SIGMA= .2
REGION C: LL-UL= 7- 156 LCR= 0 BKG= 0 % 2 SIGMA= .2
NUCLIDE 1 = 0
TIME= 5.00 QIP= SIE/AEC SCR= B/A K= 1.000

```

| P# | S# | TIME | CPMA/K OPM1/K | %DEV | CPMB/K OPM2/K | %DEV | CPMC/K | %DEV | QIP | FLAGS | SCR | MIN |
|----|----|-------|------------------|------|------------------|------|--------|------|------|-------|--------|-----|
| 5 | 1 | 10.00 | 21.00 | 13.8 | 31.80 | 11.2 | 18.00 | 14.9 | 772. | 8 | 1.514 | 11 |
| 5 | 2 | 5.00 | .00 | 19.5 | 10.80 | 13.7 | .00 | 21.8 | 596. | ? | .000 | 18 |
| | | | .00 | #1 | .00 | | | | | | .000 | |
| 5 | 3 | 5.00 | 2.20 | 18.5 | 5.20 | 14.7 | 2.80 | 19.6 | 528. | | 2.364 | 24 |
| | | | 2.56 | #2 | .00 | | | | | | .000 | |
| 5 | 4 | 5.00 | 2.80 | 18.3 | 7.40 | 14.2 | 2.80 | 19.6 | 601. | | 2.643 | 29 |
| | | | 3.20 | #3 | .00 | | | | | | .000 | |
| 5 | 5 | 5.00 | 74.60 | 9.15 | 86.40 | 8.23 | 64.80 | 9.83 | 457. | | 1.158 | 35 |
| | | | 88.87 | #4 | .00 | | | | | | .000 | |
| 5 | 6 | 5.00 | 678.80 | 3.38 | 778.40 | 3.14 | 604.00 | 3.59 | 438. | | 1.147 | 41 |
| | | | 917.10 | #5 | .00 | | | | | | .000 | |
| 5 | 7 | 5.00 | 46.20 | 10.9 | 52.40 | 9.75 | 42.20 | 11.5 | 550. | | 1.134 | 47 |
| | | | 53.51 | #6 | .00 | | | | | | .000 | |
| 5 | 8 | 5.00 | 107.40 | 7.89 | 124.40 | 7.16 | 95.40 | 8.40 | 540. | | 1.158 | 53 |
| | | | 124.72 | #7 | .00 | | | | | | .000 | |
| 5 | 9 | 5.00 | 4.40 | 17.7 | 17.80 | 12.7 | 4.80 | 18.7 | 465. | | 4.045 | 59 |
| | | | 5.23 | #8 | .00 | | | | | | .000 | |
| 5 | 10 | 5.00 | 5.80 | 17.2 | 102.60 | 7.72 | 5.60 | 18.4 | 446. | | 17.690 | 65 |
| | | | 6.95 | #9 | .00 | | | | | | .000 | |
| 5 | 11 | 5.00 | 38.60 | 11.5 | 136.80 | 6.89 | 35.40 | 12.2 | 404. | | 3.544 | 71 |
| | | | 47.48 | #10 | .00 | | | | | | .000 | |
| 5 | 12 | 5.00 | 7.80 | 16.6 | 7.40 | 14.2 | 6.60 | 18.0 | 501. | | .949 | 77 |
| | | | 9.16 | #11 | .00 | | | | | | .000 | |
| 5 | 13 | 5.00 | 19.00 | 14.1 | 33.60 | 11.0 | 17.40 | 15.0 | 455. | | 1.768 | 83 |
| | | | 22.65 | #12 | .00 | | | | | | .000 | |
| 5 | 14 | 5.00 | 6.40 | 17.0 | 6.00 | 14.5 | 6.80 | 17.9 | 614. | | .938 | 89 |
| | | | 7.30 | #13 | .00 | | | | | | .000 | |
| 5 | 15 | 5.00 | 6.20 | 17.1 | 14.40 | 13.1 | 6.80 | 17.9 | 459. | | 2.323 | 94 |
| | | | 7.38 | #14 | .00 | | | | | | .000 | |
| 5 | 16 | 5.00 | 64.00 | 9.70 | 77.00 | 8.57 | 56.80 | 10.3 | 484. | | 1.203 | 100 |
| | | | 75.56 | #15 | .00 | | | | | | .000 | |

5/23/85

Formulation wipe tests

Packard 300 CD LSC

WHP.

PROGRAM #: 9
 REGION A: LL-UL= 4- 156 LCR= 0 BKG= 0 % 2 SIGMA= .2
 REGION B: LL-UL= 0- 156 LCR= 0 BKG= 0 % 2 SIGMA= .2
 REGION C: LL-UL= 7- 156 LCR= 0 BKG= 0 % 2 SIGMA= .2
 NUCLIDE 1 = 0
 TIME= 5.00 QIP= SIE/AEC SCR= B/A K= 1.000

| P# | S# | TIME | CPMA/K DPM1/K | %DEV | CPMB/K DPM2/K | %DEV | CPMC/K DPM2/K | %DEV | QIP | FLAGS | SCR | MIN |
|----|----|-------|------------------|------|------------------|------|------------------|------|------|-------|-------|-----|
| 9 | 1 | 10.00 | 24.40 | 12.8 | 34.30 | 10.8 | 22.20 | 13.4 | 623. | B | 1.406 | 11 |
| 9 | 2 | 5.00 | 10.40 | 15.1 | 13.10 | 12.9 | 9.20 | 15.9 | 582. | | 1.260 | 17 |
| | | | 11.95 | - #1 | .00 | | | | | | .000 | |
| 9 | 3 | 5.00 | 85.80 | 8.52 | 91.30 | 7.98 | 88.20 | 8.84 | 560. | | 1.064 | 23 |
| | | | 99.11 | - #2 | .00 | | | | | | .000 | |
| 9 | 4 | 5.00 | 33.40 | 11.7 | 35.70 | 10.6 | 32.00 | 12.1 | 583. | | 1.069 | 29 |
| | | | 38.37 | - #3 | .00 | | | | | | .000 | |
| 9 | 5 | 5.00 | 87.40 | 8.46 | 92.70 | 7.94 | 82.60 | 8.74 | 600. | | 1.061 | 35 |
| | | | 100.02 | - #4 | .00 | | | | | | .000 | |
| 9 | 6 | 5.00 | 81.80 | 8.68 | 87.10 | 8.12 | 76.40 | 9.01 | 593. | | 1.065 | 41 |
| | | | 93.74 | - #5 | .00 | | | | | | .000 | |
| 9 | 7 | 5.00 | .60 | 17.8 | 1.90 | 14.8 | .60 | 18.7 | 580. | | 3.167 | 47 |
| | | | .69 | - #6 | .00 | | | | | | .000 | |
| 9 | 8 | 5.00 | 74.00 | 9.02 | 79.50 | 8.38 | 68.00 | 9.42 | 591. | | 1.074 | 53 |
| | | | 84.86 | - #7 | .00 | | | | | | .000 | |

CONVERSATION RECORD

TIME

DATE

TYPE

☐ VISIT

☐ CONFERENCE

☒ TELEPHONE

☐ INCOMING

☐ OUTGOING

ROUTING

NAME/SYMBOL INT

Location of Visit/Conference:

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

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

TELEPHONE NO.

Harold Siskin
SUBJECT

Uniroyal Chem

203-393-2340

Termination Request Dated

6/10/85 for 06-19134-01

SUMMARY

The 2 sets of liquid scintillation counter data was not attached to 6/10/85 ltr. Talked w/Siskin who will send in material to me.

ACTION REQUIRED

MS = ~~15~~ 15

7/19/85

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

ACTION TAKEN

"OFFICIAL RECORD COPY"

SIGNATURE

TITLE

DATE

[Signature]

L. A.

7/19/85

50271-101

GPO : 1981 O - 361-526 (7227)

CONVERSATION RECORD

OPTIONAL FORM 271 (12-76)
DEPARTMENT OF DEFENSE

UNIROYAL

UNIROYAL CHEMICAL
Division of UNIROYAL, Inc.
Crop Protection Chemicals
Research and Development
74 Amity Road
Bethany, CT 06525
203-393-2340

June 10, 1985

30-17018

Director, Division of Fuel Cycle & Material Safety
Office of Nuclear Material Safety & Safeguards
U.S. Nuclear Regulatory Commission
Washington, DC 20555

Gentlemen:

This is to request the cancellation of license 06-19134-01, issued to Uniroyal Inc., Uniroyal Chemical Division, 74 Amity Road, Bethany, CT 06525. During the life of this license, very little radioactive work was done at this research location. The only isotope used was Carbon¹⁴. The material on the premises was transferred to another Uniroyal site, located in Naugatuck, CT - License number 06-00221-08.

A swipe test was done to check for radioactive contamination on the fume hood, laboratory bench and radioactive storage cabinet. Two sets of liquid scintillation counter data are attached. They are labeled May 15, 1985 and May 23, 1985. The handwritten numbers along side each print out item are identified in the corresponding table. As an example, on the May 15, 1985 printout, item #1 is the West end of the laboratory bench top. Of the areas tested, the only contamination found was a low level amount in the storage cabinet. The cabinet was washed with "Radiacwash", and retested. The results are in the scintillation counter printout dated May 23, 1985.

If there are any questions, please feel free to contact me.

Yours truly,

| |
|-----------------------|
| RECEIVED |
| Date 6/19/85 |
| Log June 14 F |
| By S |
| Dist To |
| Action Compl. 6/20/85 |

Harold Siskin
Harold Siskin
Research Scientist
Agricultural Chemical
Formulation Section

djb/files: NUCLEAR

cc: F. D. Judge
W. Harned/Bldg. 81

85:OW 17 NOV 58.

FEE EXEMPT

tem - no fee due

Dupe of
8511270014 "OFFICIAL RECORD COPY"

38 ML10

19038

Test for Radioactive Contamination, May 15, 1985

Sample Number

1. West end of the laboratory bench top.
2. Middle of the laboratory bench top.
3. East end of the laboratory bench top.
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7. Walls and back side in lower part of radioactive storage cabinet.
8. East wall of the fume hood.
9. West wall of the fume hood.
10. Back wall of the fume hood.
11. East half of the fume hood bench top.
12. West half of the fume hood bench top.
13. Blank for background.
14. East half of the laboratory bench front.
15. West half of the laboratory bench front.

RECEIVED

85 JUN 19 12:46

U.S. N.R.C.
IN. FEE MGMT. BRANCH

Test for Radioactive Contamination - May 23, 1985

Sample Number

1. Upper shelf in radioactive storage cabinet.
2. Lower shelf in radioactive storage cabinet.
3. West wall in radioactive storage cabinet.
4. East wall in radioactive storage cabinet.
5. Back wall in radioactive storage cabinet.
6. Blank for background.
7. Front of radioactive storage cabinet.

CERTIFICATE OF DISPOSITION OF MATERIALS

(All items MUST be completed, please print)

| | |
|---|--|
| LICENSEE NAME AND ADDRESS Uniroyal, Inc. Uniroyal Chemical Division 74 Amity Road Bethany, CT 06525 | LICENSE NUMBER 06-19134-01 LICENSE EXPIRATION DATE 02/28/85 |
|---|--|

THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT: (Check and/or complete the appropriate item(s) below.)

A. MATERIALS DATA (Check one and complete, as necessary)

- ☐ 1. NO MATERIALS HAVE EVER BEEN POSSESSED OR PROCURED BY THE LICENSEE UNDER THIS LICENSE.
- OR
- ☒ 2. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN TRANSFERRED ON
- | | | |
|-----------------|--|---|
| DATE 2/19/85 | TO William Harned Uniroyal Chemical Division Elm Street - Naugatuck, CT 06770 | WHICH HAS NRC LICENSE NUMBER 06-00221-08 |
|-----------------|--|---|
- OR
- ☐ 3. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN TRANSFERRED ON
- | | | | |
|------|----|--------------------------|------------------------|
| DATE | TO | WHICH HAS LICENSE NUMBER | ISSUED BY THE STATE OF |
|------|----|--------------------------|------------------------|
- OR
- ☐ 4. MATERIALS HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER. (Describe specific disposal procedures—if additional space is needed, use the reverse of this form, or provide attachments)

| |
|------------------|
| RECEIVED BY LFMB |
| Date 6/19/85 |
| Log. Serial 14-4 |
| By Jacques |
| Orig. To |
| Action Compl. |

B. OTHER DATA

- ☐ 1. OUR LICENSE HAS NOT YET EXPIRED; PLEASE TERMINATE IT.
- ☐ 2. WAS A RADIATION SURVEY CONDUCTED TO CONFIRM THE ABSENCE OF LICENSED RADIOACTIVE MATERIALS AND TO DETERMINE WHETHER ANY CONTAMINATION REMAINS ON THE PREMISES COVERED BY THE LICENSE? (Check one)
- ☐ NO
- ☒ YES, THE RESULTS (Check one)
- ☒ ARE ATTACHED, OR
- ☐ WERE FORWARDED TO NRC ON (Date)
- 3 THE PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM
- | | |
|-----------------------|----------------------------------|
| NAME Harold Sisken | TELEPHONE NUMBER 203-393-2340 |
|-----------------------|----------------------------------|
- 4 MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO
- Harold Sisken, Uniroyal Inc., Uniroyal Chemical Division
- 74 Amity Road - Bethany, CT 06525

| | | |
|--|--|--------------------------|
| RETURN TO: DIRECTOR, DIVISION OF FUEL CYCLE AND MATERIAL SAFETY OFFICE OF NUCLEAR MATERIAL SAFETY AND SAFEGUARDS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555 | CERTIFYING OFFICIAL SIGNATURE Harold Sisken PRINTED NAME AND TITLE HAROLD SISKEN RESEARCH SCIENTIST | DATE 6/11/85 19038 |
|--|--|--------------------------|

DUPE OF 85H270016-28



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

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

Regional License Section
Material Licensing Branch
FCMS, Office of Nuclear Material
Safety & Safeguards

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: Amroyal
Application Dated: 6/10/85
Control No.: 119038
License No.: 06-17134-01

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed /
Date /

B. LICENSE FEE MANAGEMENT BRANCH

1. Fee Category and Amount: no fee due - term
2. Correct Fee Paid. Application may be processed for:

Amendment ✓
Renewal /
License /

Signed B. Jackson
Date 6/10/85