

JOHN W. DONNELL & ASSOCIATES, INC.

CONSULTING ENGINEERS

CIVIL ENGINEERS  
LAND SURVEYORS

1701 BIG HORN AVE.

P.O. BOX 10

WORLAND, WYOMING 82401

307-347-8276

May 13, 1980

Division of Fuel Cycle and Material Safety  
Office of Nuclear Material Safety and Safeguards  
U. S. Nuclear Regulatory Commission  
Washington, D.C. 20555

Gentlemen:

Enclosed are two copies of the completed form  
NRC-313(I) and a check for \$110.00 for the By-  
product Material License.

If you have any questions, please contact us at  
your earliest convenience.

Sincerely yours,

  
John W. Donnell

JWD:dsy

U.S. NUCLEAR REG.  
COMMISSION  
MAIL SECTION

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COPIES SENT TO OFF. OF  
INSPECTION AND ENFORCEMENT

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03821

APPLICATION FOR BYPRODUCT MATERIAL LICENSE  
INDUSTRIAL

X a. NEW LICENSE

b. AMENDMENT TO:  
LICENSE NUMBER

c. RENEWAL OF:  
LICENSE NUMBER

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.

2. APPLICANT'S NAME (Institution, firm, person, etc.)

John W. Donnell & Associates, Inc.

TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION  
(307) 347-8276

3. NAME OF PERSON TO BE CONTACTED REGARDING THIS APPLICATION

Charles E. Bartlett

TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION  
(307) 347-8276

4. APPLICANT'S MAILING ADDRESS (Include Zip Code)

John W. Donnell & Associates, Inc.  
P.O. Box 638  
1701 Big Horn Avenue  
Worland, Wyoming 82401

5. STREET ADDRESS WHERE LICENSED MATERIAL WILL BE USED  
(Include Zip Code)

On temporary job sites throughout  
the State of Wyoming.

(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

(See Items 16 and 17 for required training and experience of each individual named below)

FULL NAME

TITLE

a Charles E. Bartlett

Civil Engineer, E.I.T.

b William J. Nenno

Engineering Technician

c.

7. RADIATION PROTECTION OFFICER

Charles E. Bartlett

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

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)	Cesium 137	Sealed source Type A	Troxler Mod. 3411	8 mCi $\pm 10\%$
(2)	Americium 241	Sealed source Type A	Troxler Mod. 3411	40 mCi $\pm 10\%$
(3)				
(4)				

DESCRIBE USE OF LICENSED MATERIAL  
E

- (1) To measure moisture and density of soils and aggregates for  
(2) construction work.

(3)

(4)

LICENSE FOR INFORMATION

OR Next page

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## 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)	Surface moisture-density gauge	Troxler Electronics	3411
(2)		Labs, Inc.	
(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)	N.A.					
(2)						
(3)						
(4)						

## 11. CALIBRATION OF INSTRUMENTS LISTED IN ITEM 10

<input type="checkbox"/> a. CALIBRATED BY SERVICE COMPANY NAME, ADDRESS, AND FREQUENCY  N.A.	<input type="checkbox"/> b. CALIBRATED BY APPLICANT Attach a separate sheet describing method, frequency and standards used for calibrating instruments.
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## 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  <input type="checkbox"/> (2) THERMOLUMINESCENCE DOSIMETER (TLD)  <input type="checkbox"/> (3) OTHER (Specify): _____ _____ _____	R.S. Landauer, Jr. Co. Glenwood Science Park Glenwood, Illinois 60425 (312)755-7000	<input checked="" type="checkbox"/> MONTHLY  <input type="checkbox"/> QUARTERLY  <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.  
☐ c. REMOTE HANDLING TOOLS OR EQUIPMENT, ETC.  
☐ d. RESPIRATORY PROTECTIVE EQUIPMENT, ETC.

## 14. WASTE DISPOSAL

- a. NAME OF COMMERCIAL WASTE DISPOSAL SERVICE EMPLOYED In the event it becomes necessary to dispose gauge, it will be returned to manufacturer.  
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.

Applicant.....	10514
Check No.....	110 (3L)
Amount/Fee Category.....	Application
Type of Fee.....	Application
Date Check Rec'd.....	MAY 22 1980
Received By.....	Brown

## 18. CERTIFICATE

This item must be completed by applicant.

RECEIVED BY LFMB	
Date.....	MAY 22 1980
Log.....	May 16 7:11 P.M.
By.....	Brown
Orig To.....	
Action Compl.....	5/27/80

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)

\$110.00

(1) LICENSE FEE CATEGORY:

10 CFR 170.31.3.4

(2) LICENSE FEE ENCLOSED: \$

110.00

b. CERTIFYING OFFICIAL (Signature)

c. NAME (Type or print)

John W. Donnell

d. TITLE

President

e. DATE

May 12, 1980

15. RADIATION PROTECTION PROGRAM.

The named individual, reporting to management on radiation safety matters, should coordinate;

1. The safe use of the gauges
2. Assure compliance with the requirements of Title 10 CFR Parts 19, 20, 30, 71 and all applicable US DOT regulations.
3. Assure by product materials possessed under the license are in conformity to materials listed on the license.
4. Assure that use of devices (particularly in the field) is only by persons named as users under the license or persons who have completed acceptable training.
5. Assure all users wear personnel monitoring equipment when using gauges.
6. Assure gauges are properly secured against unauthorized removal at all times.
7. To serve as point of contact and give assistance in case of emergency - to insure all proper authorities are notified promptly in case of accidents.
8. Assure that terms conditions of license are met such as:
  - a. Periodic leak tests are performed.
  - b. All required records are kept and reviewed periodically for compliance with regulations- these include source certificate, leak test records, personnel exposure records, and transfer of radioactive materials.

The Toxler Model 3880 Wipe Test Kit shall be used and the gauges shall be wipe tested every 6 months.

16. FORMAL TRAINING IN RADIATION SAFETY.

<u>Name</u>	<u>Experience</u>
Charles E. Bartlett	Troxler Standard One Day Training Course held in Casper, Wyoming on May 6, 1980.
William J. Nenno	Troxler Standard One Day Training Course held in Casper, Wyoming on May 6, 1980.

17. EXPERIENCE

Name

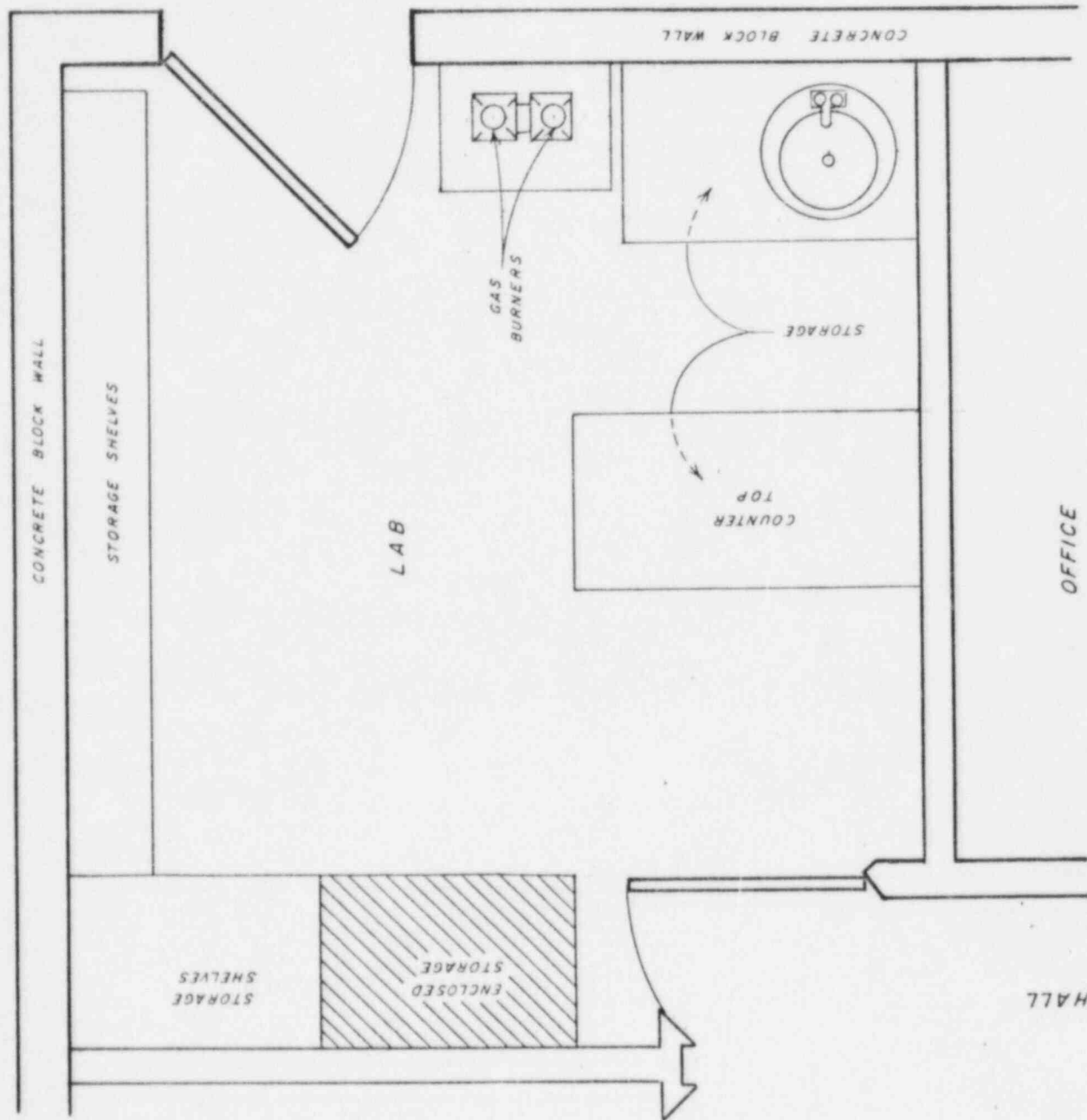
Experience

Charles E. Bartlett

Work experience limited  
to field work portion of  
Troxler Course

William J. Nenno

Work experience limited  
to field work portion of  
Troxler Course



PRESENT  
LABORATORY  
FACILITIES

JOHN W. DONNELL & ASSOCIATES, INC.  
WORLAND, WYOMING

SCALE: 1" = 2'

03821