



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION I
631 PARK AVENUE
KING OF PRUSSIA, PENNSYLVANIA 19406

April 29, 1935

License No. ---
Docket No. 030-22034
Control No. 102846

American Mobile Oil Purification
Company, Inc.
ATTN: Edward C. Adams
233 Broadway - 17th Floor
New York, NY 10279

Gentlemen:

Your application dated September 4, 1934 for a new license
has been assigned to Mr. Jack Davis for review.

Certain items of your application are not sufficient in detail to enable us to complete the review. Please refer to the reverse side of this form on which we have checked one or more items requiring more information.

We are using this form letter to enable us to process your application in a timely manner. Your cooperation in promptly submitting the requested information will also help us to decrease the process time for your application.

In providing the requested information, please reply in duplicate and reference your assigned mail control number.

If you have any questions, please contact the above named reviewer at telephone number (215) 337- 5250.

Sincerely,

Original Signed By
Jack Davis

John E. Glenn, Ph.D., Chief
Nuclear Materials Safety Section B
Division of Radiation Safety and
Safeguards

Enclosure:

- *A Guide for Preparation of Applications for the
Use of Sealed Sources in Gas Chromatography Devices
and X-Ray Fluorescence Analyzers

*NRC Form 313
RI:DRSS

Davis/slj
04/29/35

"OFFICIAL RECORD COPY"

8509190824 850731
REG1 LIC30
29-20754-01 PDR

ML10

PROVIDE INFORMATION ONLY FOR THE CHECKED ITEMS

1. XX Your application is being returned for signature.
* A Form 313 must be completed to issue a license.
2. XX Location(s) where gas chromatographs will be used (street name, number, building number, etc.)
3. XX Name(s) of employee(s) who will use and/or supervise use of the gas chromatographs.
4. XX Name(s) of the manufacturer(s) and model number of each detector cell and the name of the manufacturer of each gas chromatograph.
5. XX Leak test procedures for the nickel-63 foil. If you use a commercial leak test kit, please provide the name of the supplier and model number of the kit.
6. Leak test procedures for the nickel-63 foil. If you conduct your own leak tests, please provide descriptions of the following:
 - a. The materials and procedures used for collecting leak test samples.
 - b. The name of the manufacturer and model number of the measuring instrument used to analyze leak test samples.
 - c. Your procedures for calibration of the measuring instrument including a sample calculation showing how leak test results are converted to microcuries.
7. XX Procedures for cleaning detector cells and/or removal and exchange of detector cell foil. If you follow the manufacturer's recommended procedures, please provide a copy of the procedures. If detector cells are returned to your supplier for cleaning of detector cells and/or removal and exchange of foil, please specify this.
8. XX Procedure for disposal of foil when use has been discontinued. If you return foil to the supplier, please specify this.
9. Procedure for venting detector cells containing hydrogen-3 foil.
10. XX Training and experience of the employees who will use or supervise the use of the gas chromatographs.

March 14, 1985

TELEPHONE OR VERBAL CONVERSATION RECORD

TIME

10:40

☒ A.M.
☐ P.M.

☐ INCOMING CALL

☒ OUTGOING CALL

☐ VISIT

PERSON CALLING

Sharon Johnson

OFFICE/ADDRESS

PHONE NUMBER

EXTENSION

PERSON CALLED

Glenda Jackson

OFFICE/ADDRESS

LFMB

PHONE NUMBER

EXTENSION

492-4650

CONVERSATION

SUBJECT

Unpaid Fee for American Mobil Oil Purification - CN 02846

SUMMARY

Called Glenda and asked status of CN 02846. Problem with check.

Glenda said she called them on 2/11/85 and they promised to mail in a cashier's check immediately. As of this conversation, Glenda had not received their check. Glenda stated she was going to call them again!!!!

"OFFICIAL RECORD COPY"

ML10

REFERRED TO:

File

ACTION REQUESTED

☐ ADVISE ME OF
ACTION TAKEN.

INITIALS

DATE

ACTION TAKEN

INITIALS

DATE

SIGNATURE		TITLE		DATE	
ACTION TAKEN		NAME OF PERSON DOCUMENTING CONVERSATION		SIGNATURE	
DATE		SIGNATURE		DATE	

MLTB

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2/11/85
J. Jackson

3/14/85 - Mr. Adams will check with the New York office to see what happens to the replacement check.
Need replacement check 4/10/85
1 hour for 4/10

TYPE		LOCATION OF VISIT/CONFERENCE:		NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU		ORGANIZATION (Office, dept., bureau, etc.)		TELEPHONE NO.		SUBJECT		SUMMARY	
VISIT <input type="checkbox"/>		CONFERENCE <input type="checkbox"/>		TELEPHONE <input type="checkbox"/>		INCOMING <input type="checkbox"/>		OUTGOING <input type="checkbox"/>		ROUTING		ROUTING	
NAME/SYMBOL		INT		NAME/SYMBOL		INT		NAME/SYMBOL		INT		NAME/SYMBOL	

4/15
2/11/85