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NRC Form 313 i (12-81) 10 CFR 30		U.S. NUCLEAR REGULATORY COMMISSION	
APPLICATION FOR BYPRODUCT MATERIAL LICENSE INDUSTRIAL		1. APPLICATION FOR: <i>(Check and/or complete as appropriate)</i>	
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.		X	a. NEW LICENSE
			b. AMENDMENT TO LICENSE NUMBER
			c. RENEWAL OF LICENSE NUMBER
2. APPLICANT'S NAME <i>(Institution, firm, person, etc.)</i>  CURWOOD, INC. - A Bemis Company  TELEPHONE NUMBER AREA CODE - NUMBER EXTENSION (414) 982-5110 (322)		3. NAME AND TITLE OF PERSON TO BE CONTACTED REGARDING THIS APPLICATION Brian Duffy, Mgr. Governmental Affairs  TELEPHONE NUMBER AREA CODE - NUMBER EXTENSION (414) 982-5110 Ext. 322	
4. APPLICANT'S MAILING ADDRESS <i>(Include Zip Code)</i> <i>(Address to which NRC correspondence, notices, bulletins, etc., should be sent.)</i>  718 High Street New London, WI 54961		5. STREET ADDRESS WHERE LICENSED MATERIAL WILL BE USED <i>(Include Zip Code)</i>  Bemis Converter Films 2451 Badger Avenue Oshkosh, WI 54903	
(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. Norman Schley		Maintenance Superintendent	
b. Richard Mielke		Electrical Engineering Technician	
c. Richard Gagner		Instrumentation Technician	
7. RADIATION PROTECTION OFFICER  Brian Duffy		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  A	CHEMICAL AND/OR PHYSICAL FORM  B	NAME OF MANUFACTURER AND MODEL NUMBER <i>(If Sealed Source)</i>  C
			MAXIMUM NUMBER OF MILLICURIES AND/OR SEALED SOURCES AND MAXIMUM ACTIVITY PER SOURCE WHICH WILL BE POSSESSED AT ANY ONE TIME  D
(1)	CS-137	Sealed Source	Ohmart Corporation
(2)	8801270608 REG3 LIC30 48-25804-01	870930  PDR	
(3)		"Testing for proper operation of OFF/ON mechanism - not to exceed 6 month intervals"	
(4)		"Wipe test interval - not to exceed 3 years"	
DESCRIBE USE OF LICENSED MATERIAL E			
(1)	In Ohmart devices which have been evaluated and approved for		
(2)	licensing purposes and authorized for distribution under authority		
(3)	of Ohmart's License #34-00639-01 by NRC or an Agreement State		
(4)	License Fee Information		

RECEIVED

JUN 15 1987

REGION III

CONTROL NO. 83717

## 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)	Source Holder	Ohmart Corporation	
(2)			
(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)						
(2)	Ohmart will start up and commission the instrument.					
(3)	No instruments are required by user.					
(4)						

## 11. CALIBRATION OF INSTRUMENTS LISTED IN ITEM 10

<input type="checkbox"/> a. CALIBRATED BY SERVICE COMPANY NAME, ADDRESS, AND FREQUENCY  Not Applicable	<input type="checkbox"/> b. CALIBRATED BY APPLICANT Attach a separate sheet describing method, frequency and standards used for calibrating instruments.  Not Applicable
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## 12. PERSONNEL MONITORING DEVICES

TYPE (Check and/or complete as appropriate.) A.	SUPPLIER (Service Company) B.	EXCHANGE FREQUENCY C.
<input type="checkbox"/> (1) FILM BADGE	*None required by user. Radiation on Ohmart equipment does not exceed 5 mr/hr. at one (1) foot from gage outline and 100 mr/hr. is not present.	<input type="checkbox"/> MONTHLY
<input type="checkbox"/> (2) THERMOLUMINESCENCE DOSIMETER (TLD)		<input type="checkbox"/> QUARTERLY
<input checked="" type="checkbox"/> (3) OTHER (Specify): * <u>Not Applicable</u>		<input checked="" type="checkbox"/> OTHER (Specify): <u>Not Applicable</u>

## 13. FACILITIES AND EQUIPMENT (Check where appropriate and attach annotated sketch(es) and description(s).)

<input type="checkbox"/> a. LABORATORY FACILITIES, PLANT FACILITIES, FUME HOODS (Include filtration, if any), ETC.	Not Applicable
<input type="checkbox"/> b. STORAGE FACILITIES, CONTAINERS, SPECIAL SHIELDING (fixed and/or temporary), ETC.	
<input type="checkbox"/> c. REMOTE HANDLING TOOLS OR EQUIPMENT, ETC.	
<input type="checkbox"/> d. RESPIRATORY PROTECTIVE EQUIPMENT, ETC.	

## 14. WASTE DISPOSAL

a. NAME OF COMMERCIAL WASTE DISPOSAL SERVICE EMPLOYED <u>See attached letter item 14 - Waste Disposal</u>
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  Not Applicable

# 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.

See attached letter, item 15 - Radiation Protection Program

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. See attached letter item 16-Formal Training.

- 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.

See attached letter, item 17 - Experience

## 18. CERTIFICATE

(This item must be completed by applicant)

Log	Jun-13-1987
Remitter	
Check No.	30756
Amount	\$230.00
Fee Category	3P
Type of Fee	App
Date Check Rec'd.	6/15/87
Date Completed	6/15/87
By:	Russell

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)

\$230.00

(1) LICENSE FEE CATEGORY: 3P

(2) LICENSE FEE ENCLOSED \$ 230.00

b. CERTIFYING OFFICIAL (Signature)

Robert R. Hackinson

c. NAME (Type or print)

Robert R. Hackinson

d. TITLE

Vice President - Research & Development

e. DATE

June 12, 1987

Letter Attachement, Item 14a: Waste Disposal

Whenever the source/source holder is no longer needed it will be either:

1. Removed and stored in a locked cupboard or room properly labeled. It will not be replaced in service without prior wipe testing, or,
2. Removed and returned to the manufacturer for disposal.

In either case, the services of the manufacturer's representative will be obtained to supervise removal, reinstallation, and/or packaging for return to the manufacturer.

Letter Attachment, Item 15: Radiation Protection Program

The source/source holders will be received and stored pending arrival of Manufacturer's Field Engineer. The source/source holders will be installed in the closed position under the supervision of the representative. A written procedure for prevention of entry into the vessel when the source is in the open (source exposed) position will be prepared. This program will be developed in consultation with the manufacturer/s representative.

The initial radiation survey will be made by the representative at the time the device is placed in service. An occupancy evaluation will be made by the representative and if film badges appear to be required, they will be obtained. Form NRC-3 will be posted and if the radiation survey with the vessel(s) empty reveals radiation fields in excess of 5 mr/hr at 12 inches from the surface of the vessels, appropriate warning signs will be posted. Procedures will be adjusted to reduce the total dose to personnel to the minimum reasonably achievable. A copy of the radiation survey and written procedures will be kept on file for future reference.

In case of malfunction of the source holder or damage thereto, the services of the manufacturer's representative will be obtained for repair or to supervise removal and proper packaging for return to the manufacturer for repair or replacement as required.

In case of emergency, such as fire or explosion involving apparent damage to the source holder, the appropriate Regional Office of Inspection and Enforcement (10 CFR 20 Appendix D), USNRC, will be contacted for assistance. The area around the source holder will be barricaded. The services of a manufacturer's representative will be obtained to assist in inspection for damage and local health authorities will also be notified.

WIPE TEST PROCEDURE - A test will be performed on the surface of the source holder at the appropriate interval by the licensee in accordance with the instructions of the manufacturer's representative and contained in the gage instruction manual. The wipe test kit to be used is the Ohmart Model LT and the wipe will be evaluated for leakage by the Ohmart Corporation. Should the presence of 0.005 microcuries of removable contamination be detected, the source holder will be withdrawn from service, the Regional Office of the USNRC notified and the device repaired or replaced by the manufacturer.



Letter Attachment, Item 16: Formal Training in  
Radiation Safety

Messers Norman Schley, Richard Mielke, and Richard Gagner of our Bemis Converter Films facility are scheduled to attend a Radiation Safety course offered by the Ohmart Corporation during the month of July of this year. This is a 2-1/2 day course which will cover the following areas: radiation protection; radio activity measurement, monitoring techniques and instruments; biological effects of radiation, and appropriate mathematics and calculations. Certifications when received by these individuals after the completion of this training will be forwarded to the NRC.

Brian Duffy, M.S. Degree in Environmental Health, June 1975 University of Minnesota, (School of Public Health), Minneapolis, MN. Northwestern University, Radiation Safety 32 hours, January 16-20, 1978, 2.5 CEU.

Letter Attachment, Item 17, Experience

Norman Schley and Richard Mielke, responsible for conducting semi-annual wipe tests as required by 10 CFR 31.5 on in-house nucleonic thickness measuring devices (Am-241, 25M Ci). Experience over two years.

Brian Duffy, from 03/01/85 to present, responsible for interactions with federal and state governmental agencies, such as the Nuclear Regulatory Commission and Wisconsin Bureau of Radiological Protection. Ensures required wipe testing of all radioactive sources. Maintains appropriate records and correspondence. Monitors work procedures and ensures safe operating conditions of in-house x-ray equipment. From 08/01/76-02/28/85, employed as a Senior Industrial Hygienist for the United State Department of Labor-Occupational Safety and Health Administration, Appleton, Wisconsin: Conducted comprehensive industrial hygiene (including X-ray) surveys of manufacturing and industrial facilities.

CONTROL NO. 83717



UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION III  
799 ROOSEVELT ROAD  
GLEN ELLYN, ILLINOIS 60137

03 03 0062

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

*Give 1311*  
*MS?*

LICENSE FEE TRANSMITTAL

A. REGION III

1. APPLICATION ATTACHED

Applicant/Licensee:

Curwood, Inc. & Dennis Co.

Application Dated:

6-12-87

Control No.:

CONTROL NO. 38 3 7 1 7

License No.:

New License

2. FEE ATTACHED

Amount:

230.00

Check No.:

30756

3. COMMENTS

Signed

J.O.

Date

6/16/87

B. LICENSE FEE MANAGEMENT BRANCH

1. Fee Category and Amount:

3P (\$230)

2. Correct Fee Paid. Application may be processed for:

Amendment

Renewal

License

✓

Signed

M. Messer

Date

6/18/87