



UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION IV  
1600 E. LAMAR BLVD  
ARLINGTON TX 76011-4511

February 28, 2022

Mr. John C. O'Rullian  
President and Radiation Safety Officer  
Radiation Solutions, LLC  
229 Sugar Avenue  
Sugar City, ID 83448

SUBJECT: REQUEST FOR ADDITIONAL INFORMATION, NRC LICENSE NO. 11-35111-01

Mr. O'Rullian:

We have completed the review of your application dated February 4, 2022 and the following additional information is needed: 1) Facilities and Equipment - Provide the information identified in yellow highlight in the enclosure, 2) Operating and Emergency Procedures - Revise procedure EP-PRO-003 identified in yellow highlight in the enclosure and resubmit procedure, and 3) Leak Tests - Revise procedure OP-PRO-30 identified in yellow highlight in the enclosure and resubmit procedure.

Please submit your response to this letter within 30 calendar days from the date of this letter. In your response, refer to the license, docket, and control number specified below. We will assume that you do not wish to further pursue this licensing action if we do not receive a reply within the specified timeframe noted above. You can contact me at 817-200-1189 if you have questions or require clarification on any of the information stated above.

In accordance with Title 10 of the *Code of Federal Regulations* (10 CFR) 2.390 of the NRC's "Rules of Practice," a copy of this letter and its enclosure will be made available electronically for public inspection in the NRC Public Document Room or from the NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC Web site at <https://www.nrc.gov/reading-rm/adams.html>.

Thank you for your cooperation.

Sincerely,

Roberto J. Torres, M.S., Senior Health Physicist  
Materials Licensing Branch

Docket: 030-38691  
License: 11-35111-01  
Control: 629993

Enclosure: As stated

**Table B-4. Items 5.3 through 11: Training and Experience, Facilities and Equipment, Radiation Safety Program, and Waste Disposal (Continued)**

| Item Nos. | Title and Criteria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes | No | N/A | Description Attached                                                                                    |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|---------------------------------------------------------------------------------------------------------|
| 9         | <p><b>Facilities And Equipment</b></p> <p>For those services listed in the <b>high-risk group</b> where permanent facilities are specifically identified on the license, provide the following information, as applicable to the service the applicant intends to perform:</p> <p>Submit a drawing or sketch of the proposed permanent facility that fulfills the following requirements:</p> <ol style="list-style-type: none"> <li>1. Identify area(s) assigned for the receipt, storage, security, preparation, handling, waste storage, and measurement of radioactive materials, including sealed sources and devices.</li> <li>2. Show the relationship and distance between restricted areas and adjacent unrestricted areas.</li> <li>3. Indicate the scale, or include dimensions on each drawing or sketch. The same scale should be used for all sketches and drawings. The recommended scale is 1/4 inch = 1 foot. Drawings to this scale that do not fit on 8-1/2 x 11-inch paper may be provided as sectional drawings. Please also include a compass directional arrow to indicate "North."</li> <li>4. Specify shielding materials (e.g., concrete, lead) and means for securing radioactive materials from unauthorized removal.</li> <li>5. Illustrate area(s) where explosive, flammable, or other hazardous materials may be stored;</li> <li>6. Identify area(s) where radioactive materials may become airborne. The diagram should contain descriptions of the ventilation systems, with pertinent airflow rates, filtration equipment, sample collection points, and monitoring systems;</li> </ol> |     |    |     | <input type="checkbox"/><br><br><br><br><br><br><br><br><br><br><br><input checked="" type="checkbox"/> |

**Table B-4. Items 5.3 through 11: Training and Experience, Facilities and Equipment, Radiation Safety Program, and Waste Disposal (Continued)**

| Item Nos. | Title and Criteria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes | No | N/A | Description Attached                                                                                                                                     |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9         | <p><b>Facilities and Equipment</b></p> <ol style="list-style-type: none"> <li>7. Identify specialized handling tools, facility safety interlocks designed to prevent operation of radiological safety systems, in the event that operation of a system could result in accidental exposure or release of material [e.g., high efficiency particulate air (HEPA) filters, ventilation system, safety door interlocks, etc.] or equipment;</li> <li>8. Identify radioactive waste handling equipment that includes, for example, incinerators, compactors, solidification equipment, hold-up tanks, and sample collection points;</li> </ol> <p>In addition, describe:</p> <ol style="list-style-type: none"> <li>1. Engineered safety systems (e.g., area monitors, interlocks, alarms);</li> <li>2. Protective clothing (such as latex or rubber gloves, lab coats or coveralls, respirators, booties, and face shields), auxiliary shielding, absorbent materials, secondary containers for wastewater storage for decontamination purposes, plastic bags for storing such items as contaminated items, etc., that will be available for use when handling unsealed or uncontained radioactive materials;</li> <li>3. The general location of each proposed permanent facility (e.g., an industrial park, an office complex) and its current use. If any proposed permanent facility is a private residence, provide diagrams of the installation that include the building, the proposed restricted area or areas, and adjacent areas, including above and below the restricted areas; provide commitments that restricted areas do not include residential quarters, and explain how radiation levels in unrestricted areas will be maintained at less than 1 mSv [100 mrem] per year.</li> </ol> |     |    |     | <input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/> |

**Table B-4. Items 5.3 through 11: Training and Experience, Facilities and Equipment, Radiation Safety Program, and Waste Disposal (Continued)**

[illegible]

**Table B-4. Items 5.3 through 11: Training and Experience, Facilities and Equipment, Radiation Safety Program, and Waste Disposal (Continued)**

| <b>Item Nos.</b> | <b>Title and Criteria</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Yes</b>               | <b>No</b>                | <b>N/A</b> | <b>Description Attached</b>                                                                                                                                                                                        |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10.5             | <p><b>Leak Tests</b></p> <p>A statement that: “Leak testing and analysis will be done by the applicant.” Provide the information in Appendix G of this NUREG supporting a request to perform leak testing and sample analysis, and either (1) state that the applicant will follow the model procedures in Appendix G of NUREG–1556, Volume 18, Revision 1, “Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Service Provider Licenses, or (2) submit alternative procedures.</p>                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |            | <div style="background-color: yellow; padding: 5px;"> <input type="checkbox"/><br/><br/>           Procedure OP-PR steps 8.7 and 9.10 incorrect formula th results in units of r instead of microcu         </div> |
| 10.6             | <p><b>Occupational Dose</b></p> <p>Provide one of the following:</p> <p>A statement that: “We will maintain, for inspection by the NRC, documentation demonstrating that unmonitored individuals are not likely to receive a radiation dose in excess of the limits in 10 CFR 20.1502.”</p> <p align="center"><b>OR</b></p> <p>A statement that: “We will monitor individuals in accordance with the criteria in the Section 8.10.6, ‘Radiation Safety Program—Occupational Dose’ in NUREG–1556, Volume 18, Revision 1, “Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Service Provider Licenses.’”</p> <p align="center"><b>OR,</b></p> <p align="center"><b>IN LIEU OF THESE STATEMENTS</b></p> <p>Provide a description of an alternative method for demonstrating compliance with the referenced regulations.</p> | <input type="checkbox"/> | <input type="checkbox"/> |            | <div style="text-align: center;"><input type="checkbox"/></div>                                                                                                                                                    |