

**Company: Balestracci Unlimited**

**29 Ridgewood Road**

**Charlestown, Rhode Island 02813**

**Voice Number: (401) 364-0652**

**Fax Number: (401) 364-3238**

**F  
A  
X**

*p-3*

**Date: Wednesday, December 26, 2001**

**Time: 11:08 AM**

**TO:**

**Name: Kathy Modes**

**Company: US Nuclear Regulatory Commission**

**Fax Number: (610) 337-5269**

**Voice Number:**

*LL 30708  
030-35908  
03320  
(38-30708-01)*

*06-30423-01*

*030-34615  
(TERMINATION)*

**Total Pages: 2**

**Note: Kathy**

*I've mailed a Form 313 to change the address. If you need anything please call me. Thanks for your help*

*Garry*

130771 / 130772

NMSS/RGNI MATERIALS-002

<p><b>NRC FORM 313</b> (7-96) 10 CFR 30, 32, 33 34, 35, 36, 39 and 40</p>	<p><b>U.S. NUCLEAR REGULATORY COMMISSION</b></p>	<p>APPROVED BY OMB: NO. 3150-0120 <b>EXPIRES: 7/31/99</b></p> <p>Estimated burden per response to comply with this information collection request: 7 hours. Submission of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Forward comments regarding burden estimate to the Information and Records Management Branch (T-6 F33, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Paperwork Reduction Project (3150-0120), Office of Management and Budget, Washington, DC 02503. NRC may not conduct or sponsor, and a person is not required to respond to, collection of information unless it displays a currently valid OMB control number.</p>
<p><b>APPLICATION FOR MATERIAL LICENSE</b></p>		

**INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.**

<p><b>APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:</b></p> <p>DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001</p> <p><b>ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:</b></p> <p><b>IF YOU ARE LOCATED IN:</b></p> <p>CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE MARYLAND MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO:</p> <p>LICENSING ASSISTANT SECTION NUCLEAR MATERIALS SAFETY BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION I 475 ALLENDALE ROAD KING OF PRUSSIA, PA 19406-1415</p> <p>ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:</p> <p>NUCLEAR MATERIALS LICENSING SECTION U.S. NUCLEAR REGULATORY COMMISSION, REGION II 101 MARIETTA STREET, NW, SUITE 2900 ATLANTA, GA 30323-0199</p>	<p><b>IF YOU ARE LOCATED IN:</b></p> <p>ILLINOIS, INDIANA, IOWA, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:</p> <p>MATERIALS LICENSING SECTION U.S. NUCLEAR REGULATORY COMMISSION, REGION III 801 WARRENVILLE ROAD Lisle, IL 60532-4351</p> <p>ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:</p> <p>NUCLEAR MATERIALS LICENSING SECTION U.S. NUCLEAR REGULATORY COMMISSION, REGION IV 611 RYAN PLAZA DRIVE, SUITE 400 ARLINGTON, TX 75011-8054</p>
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<p><b>PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATION TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.</b></p> <p>THIS IS AN APPLICATION FOR (Check appropriate item)</p> <p><input type="checkbox"/> A. NEW LICENSE</p> <p><input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER 06-30423-01</p> <p><input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____</p>	<p>2. NAME AND MAILING ADDRESS OF APPLICANT (include Zip Code)</p> <p><b>Megarad, Inc.</b> <b>c/o Balestracci Unlimited</b> <b>29 Ridgewood Road</b> <b>Charlestown, Rhode Island 02813</b></p>
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<p>3. ADDRESS(ES) WHERE LICENSED MATERIAL BE USED OR POSSESSED</p> <p><b>5 Nealy Blvd</b> <b>Trainer, PA 19061</b></p>	<p>4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION</p> <p><b>Garry Balestracci</b></p> <p>TELEPHONE NUMBER <b>(401) 364-0652</b></p>
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SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

<p>5. RADIOACTIVE MATERIAL</p> <p>a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time</p>	<p>6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED</p>		
<p>7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE</p>	<p>8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS</p>		
<p>9. FACILITIES AND EQUIPMENT</p>	<p>10. RADIATION SAFETY PROGRAM</p>		
<p>11. WASTE MANAGEMENT</p>	<p>12. LICENSE FEES (See 10 CFR 170 and Section 170.31)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">FEE CATEGORY</td> <td style="width: 20%;">AMOUNT ENCLOSED \$</td> </tr> </table>	FEE CATEGORY	AMOUNT ENCLOSED \$
FEE CATEGORY	AMOUNT ENCLOSED \$		
<p>13. CERTIFICATION (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON APPLICANT</p> <p>THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION 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, 32, 34, 35, 39 AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF</p> <p>WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1945 62 STAT 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLINGLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION</p>			

<p>CERTIFYING OFFICER - TYPE/PRINTED NAME AND TITLE</p> <p><b>Garry L. Balestracci - Radiation Safety Officer</b></p>	<p>SIGNATURE</p>	<p>DATE</p> <p><b>12/26/01</b></p>
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FOR NRC USE ONLY					
TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
APPROVED BY				DATE	



BALESTRACCI UNLIMITED  
29 Ridgewood Road  
Charlestown, Rhode Island 02813  
(401) 364-3238 Fax  
(401) 364-0652 Phone

Fax Coversheet  
Page 1 of 1 Including Coversheet

To: Kathy Modes  
Fax Number: (610) 337-5269  
Subject: Megarad Inc.

Kathy,

I'm sorry for the delay in getting back to you. It has not been easy to get information from Dr. Crihan. What I would like to propose is that you send all correspondence to me at the above address. This way you will be confident that it is getting into the hands of a responsible adult. I hope that this does not cause too big a problem. This is currently nor has there ever been any radioactive material ever possessed or used under this license. I will provide the address of the potential storage location as soon as it is available. Dr. Crihan is negotiating with QSL Inspection in Trainer, Pennsylvania to utilize space there for storage. The idea would be to subdivide the existing vault there and Megarad, Inc. would rent a portion of the vault.

I realize this is a bizarre arrangement at best. I will be more than happy to provide you any documentation you should desire at any time in the future. At present I am trying to collect anything that may be available. My address would be strictly for correspondence and the license will be amended to reflect the new physical operating (storage) address, should any operations ever actually be performed.

Thanks for your patience and understanding in this matter. I'm trying to ensure that any licensed activities be conducted in accordance with the applicable regulations and according to procedures.

I will be glad to discuss this with you in more detail if you should so desire. I will be out of my Electric Boat Office until January 2, 2002, but you can contact me via my cell phone or at the number listed above.

Garry

1 3 0 7 7 1 / 1 3 0 7 7 2

This is to acknowledge the receipt of your letter/application dated

12/26/2001, and to inform you that the initial processing which includes an administrative review has been performed.

NEW LICENSE APPL. (030-35908)/TEAM. 06-30423-01  
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

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A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 1307.71  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

Sincerely,  
Licensing Assistance Team Leader

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----  
:  
:  
: Program Code: 03320  
: Status Code: 3  
: Fee Category: \_\_\_\_\_  
: Exp. Date: 0  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Reqd: \_  
: ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED  
 Applicant/Licensee: MEGARAD, INC.  
 Received Date: 20011226  
 Docket No: 3035908  
 Control No.: 130771  
 License No.: 38-30708-01  
 Action Type: New Licensee

2. FEE ATTACHED  
 Amount: \_\_\_\_\_  
 Check No.: /

3. COMMENTS  
REF. 130772  
 ADMINISTRATIVE CHANGE - NEW  
 LICENSE BASED ON MAKING ADDRESS  
 CHANGE FROM "CT" TO "RZ"  
 Signed M.A. Perkins  
 Date 12/27/2001

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /\_\_/) \_\_\_\_\_

- 1. Fee Category and Amount: \_\_\_\_\_
- 2. Correct Fee Paid. Application may be processed for:  
 Amendment \_\_\_\_\_  
 Renewal \_\_\_\_\_  
 License \_\_\_\_\_
- 3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
 Date \_\_\_\_\_

BETWEEN: : (FOR LFMS USE)  
 : INFORMATION FROM LTS  
 : -----  
 :  
 License Fee Management Branch, ARM : Program Code: 03320  
 and : Status Code: 0  
 Regional Licensing Sections : Fee Category: 30 2B  
 : Exp. Date: 20090331  
 : Fee Comments: \_\_\_\_\_  
 : Decom Fin Assur Reqd: N  
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED  
 Applicant/Licensee: MEGARAD, INC.  
 Received Date: 20011226  
 Docket No: 3034615  
 Control No.: 130772  
 License No.: 06-30423-01  
 Action Type: Termination

2. FEE ATTACHED  
 Amount: \_\_\_\_\_  
 Check No.: \_\_\_\_\_

3. COMMENTS  
REF. 130771  
 Signed M. a. Perkins  
 Date 12/27/2001

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /\_\_/) )

- 1. Fee Category and Amount: \_\_\_\_\_
- 2. Correct Fee Paid. Application may be processed for:  
 Amendment \_\_\_\_\_  
 Renewal \_\_\_\_\_  
 License \_\_\_\_\_
- 3. OTHER \_\_\_\_\_  
 \_\_\_\_\_

Signed \_\_\_\_\_  
 Date \_\_\_\_\_