

## DEPARTMENT OF THE ARMY US ARMY CENTER FOR HEALTH PROMOTION AND PREVENTIVE MEDICINE 5158 BLACKHAWK ROAD ABERDEEN PROVING GROUND MD 21010-5403

March 22, 2005

**Radiation Protection Office** 

OS MAR

Ms. Marjorie McLaughlin
Licensing Assistant Section
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, Pennsylvania 19406-1415

EGEIVED

Dear Ms. McLaughlin:

Pursuant to Title 10, Code of Federal Regulations, Parts 30.35(c)(2), 30.35 (f)(4), 40.36(c)(2), 40.36(e)(4), 70.25(c)(2) and 70.25(f)(4), this Statement of Intent to obtain funds for decommissioning is hereby submitted as financial assurance of decommissioning of facilities occupied by the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM).

04007008

The USACHPPM is currently operating under the following Nuclear Regulatory Commission (NRC) licenses: By-Product Material License Number 19-09880-01, 03004550 SMB-707 and SNM-860. Based on the type and quantity of licensed by-product materials, source material and special nuclear material described in the NRC tables, sections 30.35(d), 40.36(c) and 70.25(d), these licenses will require financial assurance for decommissioning of \$1,250,000, each.

We are aware of the need to obtain funds equal to \$3,750,000 for decommissioning NRC licensed operations at USACHPPM Buildings E2100 and E2101. As required, funds for decommissioning will be requested and obtained prior to decommissioning so as to prevent delay of any required activities.

Records of information relevant to the safe and effective decommissioning of these licensed operations will be kept on file with the Radiation Safety Officer (RSO) until such time as the Commission terminates any of the licenses listed above. The USACHPPM point of contact is Ms. Bethany Hope Webb, RSO, (410) 436-7602.

Sincerely,

Michael B. Cates

Brigadier General, U.S. Army

Commanding

Readiness thru Health



136674/136675/136676

NMSS/RGNI MATERIALS-002

This is to acknowledge the rec	eipt of your letter/application dated			
includes an administrative revi	, and to inform you that the initial processing which iew has been performed.			
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				
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 When calling to inquire about t You may call us on (610) 337-	this action, please refer to this control number. 5398, or 337-5260.			
NRC FORM 532 (RI) (6-96)	Sincerely, Licensing Assistance Team Leader			

		: (FOR LFMS USE) : INFORMATION FROM LTS
BETWEEN:		:
License Fee Management and Regional Licensing Sec		: : Program Code: 03610 : Status Code: 0 : Fee Category: EX 3L : Exp. Date: 20051231 : Fee Comments: : Decom Fin Assur Reqd: Y
LICENSE FEE TRANSMITTA	L	
A. REGION .		
1. APPLICATION ATTACH Applicant/Licensee Received Date: Docket No: Control No.: License No.: Action Type:	: ARMY, DEPARTM	
2. FEE ATTACHED Amount: Check No.:	<u>_</u>	
3. COMMENTS  Ref. 136675  136676	Date	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1. Fee Category and A	mount:	
2. Correct Fee Paid. Amendment Renewal License	Application may	be processed for:
3. OTHER		
	Signed	<del></del>

Date

	: (FOR LFMS USE) : INFORMATION FROM LTS
BETWEEN:	:
License Fee Management Branch, ARM and Regional Licensing Sections	: Program Code: 11300 Status Code: 0 Fee Category: EX 2C Exp. Date: 20140731 Fee Comments: NOT SHIELDING Decom Fin Assur Reqd: Y
LICENSE FEE TRANSMITTAL	
A. REGION I	
1. APPLICATION ATTACHED Applicant/Licensee: ARMY, DEPART Received Date: 20050328 Docket No: 4007008 Control No.: 136675 License No.: SMB-707 Action Type: Fin. Assuran	
2. FEE ATTACHED Amount: Check No.:	
3. COMMENTS  Ref. 136674  Signed Date  B. LICENSE FEE MANAGEMENT BRANCH (Che	eck when milestone 03 is entered /_/)
1. Fee Category and Amount:	
2. Correct Fee Paid. Application ma Amendment Renewal License	ay be processed for:
3. OTHER	
Signed	i

Date

	: (FOR LFMS USE) : INFORMATION FROM LTS
BETWEEN:	:
License Fee Management Branch, ARM and Regional Licensing Sections	: Program Code: 22150 : Status Code: 0 : Fee Category: EX 1D : Exp. Date: 20141130 : Fee Comments: : Decom Fin Assur Reqd: Y
LICENSE FEE TRANSMITTAL	
A. REGION I	
1. APPLICATION ATTACHED Applicant/Licensee: ARMY, DEPARTMI Received Date: 20050328 Docket No: 7000867 Control No.: 136676 License No.: SNM-860 Action Type: Fin. Assurance	
2. FEE ATTACHED Amount: Check No.:	
3. COMMENTS  Ref. 136674 Signed Date  136675  B. LICENSE FEE MANAGEMENT BRANCH (Check	Medica funca 3 30 2005 f k when milestone 03 is entered /_/)
1. Fee Category and Amount:	
2. Correct Fee Paid. Application may Amendment Renewal License	be processed for:
3. OTHER	<u> </u>
Signed	

Date