



DEPARTMENT OF THE ARMY
U. S. ARMY MEDICAL RESEARCH INSTITUTE OF INFECTIOUS DISEASES
1425 PORTER STREET
FORT DETRICK, MARYLAND 21702-5011

RECEIVED
REGION 1

REPLY
ATTENTION OF

April 26, 2005

'05 APR 28 P1:13


Mr. Michael Richard
Division of Nuclear Materials Safety
United States Nuclear Regulatory Commission
Region 1
475 Allendale Road
King of Prussia, PA 19406

19-11831-03
03031743

Dear Mr. Richard:

The U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) submits the enclosed Statement of Intent and Financial Assurance for Decommissioning Funding Plan in accordance with 10 CFR 30.35 (f) (4). This plan should satisfy all NRC criteria for decommissioning should it become necessary to do so. If any additional information is required, please do not hesitate to contact the undersigned at 301-619-4626 or Fax 301-619-4768.

Sincerely,


Josephine S. Esteban
Radiation Safety Officer
USAMRIID

Enclosure

136959
NMSS/RGNI MATERIALS-002

STATEMENT OF INTENT

DECOMMISSIONING FUNDING PLAN

U.S. ARMY MEDICAL RESEARCH INSTITUTE OF INFECTIOUS DISEASES
FORT DETRICK, MARYLAND 21702-5011

15 APRIL 2005

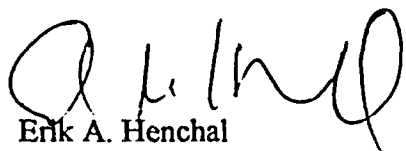
References:

- a. Title 10, Code of Federal Regulations, Part 30, Rules of General Applicability to Domestic Licensing of Byproduct Material, January 1, 2000, Section 30.35, Financial Assurance and Recordkeeping for Decommissioning.
- b. U.S. Army Regulation 11-9, May 28, 1997, The Army Radiation Safety Program.
- c. NUREG-1727, September 1, 2000, NMSS Decommissioning Standard Review Plan.

In accordance with 10 CFR 30.35 (f) (4) and Army Regulation 11-9, 2-5 (a), the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID), will ensure that the funds in the amount necessary through U.S. Army command channels via the U.S. Army Medical Research and Materiel Command, USAMRIID's immediate higher headquarters.

Funds for decommissioning costs will be requested and obtained sufficiently in advance of decommissioning to prevent delay or required activities for any and all USAMRIID approved facilities. The required maximum amount of financial assurance for decommissioning by quantity of material for our Type B license will be \$1,250,000.00 as stated in 10 CFR 30-35 (d).

Under the provisions of AR 11-9, 2-5 (a), I certify that this Statement of Intent is true and correct to the best of my knowledge.



Erik A. Henchal
Colonel, Medical Service Corps
Commanding

NONNEGOTIABLE

CERTIFICATE OF FINANCIAL ASSURANCE

Principal: Commander, U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID), 1425 Porter Street, Fort Detrick, MD 21702-5011

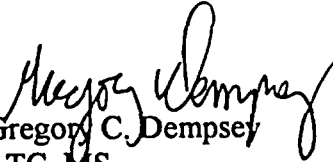
License number 19-11831-03, U.S. Army Medical Research Institute of Infectious Diseases, 1425 Porter Street, Fort Detrick, MD 21702-5011

Issued to: U.S. Nuclear Regulatory Commission

I certify that the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) is licensed to possess the following types of sealed sources or plated foils with a half-life greater than 120 days licensed under 10 CFR Part 30 and unsealed byproduct material with a half-life greater than 120 days licensed under 10 CFR Part 30 in the following amounts:

<u>Type of Material</u>	<u>Amount of Material</u>
A. As specified in Section 33.100, Schedule A, of 10 CFR 33 (Type B Broad License)	If only one radionuclide is possessed, the possession limit is the quantity specified for that radionuclide in 10 CFR 33.100, Schedule A, Column I. If two or more radionuclides are possessed, the possession limit is determined as follows: For each radionuclide, determine the ratio of the quantity possessed to the applicable quantity specified in 10 CFR 33.100, Schedule A, Column I, for that radionuclide. The sum of the ratios for all radionuclides possessed under the license shall not exceed unity.
B. Nickel 63	No single source to exceed the maximum activity specified in the certificate of registration issued by the U.S. Nuclear Regulatory Commission or an Agreement State.
C. Krypton 85	No single source to exceed the maximum activity specified in the certificate of registration issued by the U.S. Nuclear Regulatory Commission or an Agreement State.
D. Cesium 137	No single source to exceed the maximum activity specified in the certificate of registration issued by the U.S. Nuclear Regulatory Commission or an Agreement State.
E. Cobalt 60	No single source to exceed the maximum activity specified in the certificate of registration issued by the U.S. Nuclear Regulatory Commission or an Agreement State.

I also certify that I anticipate that this Agency will be able to obtain appropriations of financial resources in the amount of \$1,125,000.00 for the purpose of decommissioning as prescribed by 10 CFR Part 30. This amount cannot be prior allocated or set in reserve due to anti-deficiency restrictions on expenditures by Federal Entities.


Gregory C. Dempsey
LTC, MS
Executive Officer

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

4/26/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Financial Assurance 19-11831-03
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 Mail Control Number 136959.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (R1)
(6-98)

Sincerely,
Licensing Assistance Team Leader

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 03611
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: EX 3L 3E
 : Exp. Date: 20110430
 : Fee Comments: 3E ADDED 05/15/02
 : Decom Fin Assur Req'd: Y
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: ARMY, DEPARTMENT OF THE
 Received Date: 20050428
 Docket No: 3031743
 Control No.: 136959
 License No.: 19-11831-03
 Action Type: Fin. Assurance

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

3. COMMENTS
 Signed Rebecca J. Jund
 Date 5/15/05

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 _____