

NRC FORM 313
(4-2004)
10 CFR 30, 32, 33,
34, 35, 36, 39, and 40

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2005
Estimated burden per response to comply with this mandatory collection request: 7 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 FS2), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

APPLICATION FOR MATERIAL LICENSE

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>APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:</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>IF YOU ARE LOCATED IN:</p> <p>ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:</p> <p>MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION III 2443 WARRENVILLE ROAD, SUITE 210 LISLE, IL 60532-4352</p> |
| <p>ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:</p> <p>IF YOU ARE LOCATED IN:</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 BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION IV 611 RYAN PLAZA DRIVE, SUITE 400 ARLINGTON, TX 76011-4005</p> |
| <p>ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:</p> <p>LICENSING ASSISTANCE TEAM DIVISION OF NUCLEAR MATERIALS SAFETY U.S. NUCLEAR REGULATORY COMMISSION, REGION I 475 ALLENDALE ROAD KING OF PRUSSIA, PA 19406-1415</p> | <p>RECEIVED REGION I JUN -2 P 02</p> <p>03033888</p> |

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS 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.

| | |
|--|--|
| <p>1. THIS IS AN APPLICATION FOR (Check appropriate item)</p> <p><input type="checkbox"/> A. NEW LICENSE</p> <p><input type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER _____</p> <p><input checked="" type="checkbox"/> C. RENEWAL OF LICENSE NUMBER <u>37-30232-01</u></p> | <p>2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)</p> <p>Pennsy Supply Inc. 1001 Paxton Street Harrisburg, PA 17105</p> |
|--|--|

| | |
|---|--|
| <p>3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED</p> <p>At address in item #2 and jobsites in states under U.S. NRC jurisdiction over byproduct materials.</p> | <p>4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION</p> <p>James G. Kelley</p> <p>TELEPHONE NUMBER</p> <p>(717) 648-3548</p> |
|---|--|

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.

| | |
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| <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> <p>FEE CATEGORY <u>N/A</u> 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 THE APPLICANT.

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, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR 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.

| | | |
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| <p>CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE</p> <p><i>Robert D. Dwyer</i> VP Dir. Nuclear Safety & Env. Co.</p> | <p>SIGNATURE</p> | <p>DATE</p> |
|--|------------------|-------------|

| FOR NRC USE ONLY | | | | | |
|------------------|---------|--------------|-----------------|--------------|----------|
| TYPE OF FEE | FEE LOG | FEE CATEGORY | AMOUNT RECEIVED | CHECK NUMBER | COMMENTS |
| | | | \$ | | |
| APPROVED BY | | | | DATE | |

137140
NMSS/RGNJ MATERIALS-002

ITEMS 5 AND 6: MATERIALS TO BE POSSESSED AND PROPOSED USES

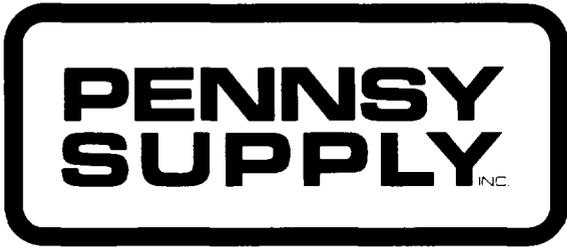
| Yes | No | Radioisotope | Manufacturer or Distributor Model No. | Quantity | Use As Listed on SSD Certificate | Specify Other Uses Not Listed on SSD Certificate |
|-----|----|---------------|---|---|---|--|
| X | | Cesium-137 | Sealed source manufacturer or distributor and model number: <u>SEE ATTACHED</u> Device manufacturer or distributor and model number: <u>SEE ATTACHED</u> | Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration Certificate | Yes <input checked="" type="checkbox"/> Specific description of the gauge use: <u>Measure physical properties of construction materials</u> | <input type="checkbox"/> Not applicable <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use) |
| X | | Americium-241 | Sealed source manufacturer or distributor and model number: <u>SEE ATTACHED</u> Device manufacturer or distributor and model number: <u>SEE ATTACHED</u> | Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration Certificate | Yes <input checked="" type="checkbox"/> Specific description of the gauge use: <u>Measure physical properties of construction materials</u> | <input type="checkbox"/> Not applicable <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use) |

ITEMS 7 THROUGH 11: TRAINING AND EXPERIENCE, FACILITIES AND EQUIPMENT, RADIATION SAFETY PROGRAM, AND WASTE DISPOSAL

| Item No. And Title | Suggested Response | Yes | Alternative Procedures Attached |
|--|---|--|---------------------------------|
| <p>7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE – RADIATION SAFETY OFFICER</p> <p>Name: <u>James G. Kelley</u></p> | <p>Before obtaining licensed materials, the proposed RSO will have successfully completed one of the training courses described in Criteria in the section entitled "Individual(s) Responsible for Radiation Safety Program and Their Training and Experience – Radiation Safety Officer" in NUREG-1556, Vol. 1, Rev. 1, dated November 2001.</p> <p>cert. attached</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS</p> | <p>Before using licensed materials, authorized users will have successfully completed one of the training course described in Criteria in the section entitled "Training for Individuals Working In or Frequenting Restricted Areas" in NUREG-1556, Vol. 1, Rev 1, dated November 2001.</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>9. FACILITIES AND EQUIPMENT</p> | <p>No information needs to be submitted in response to this item; key issues are addressed under "Radiation Safety Program – Public Dose" and "Radiation Safety Program – Operating and Emergency Procedures."</p> | <p>Separate Item 9 Response Need Not Be Submitted With Application</p> | |
| <p>10. RADIATION SAFETY PROGRAM – AUDIT PROGRAM</p> | <p>The applicant is <i>not</i> required to, and should not, submit its audit program to NRC for review during the licensing phase.</p> | <p>Need Not Be Submitted With Application</p> | |
| <p>10. RADIATION SAFETY PROGRAM – TERMINATION OF ACTIVITIES</p> | <p>The applicant is <i>not</i> required to submit a response to the termination of activities section during the initial application. However, when the license expires when the licensee ceases operation, NRC Form 314 must be submitted.</p> | <p>Need Not Be Submitted With Application</p> | |
| <p>10. RADIATION SAFETY PROGRAM – SURVEY INSTRUMENTS</p> | <p>We will either possess and use, or have access to and use, a radiation survey meter that meets the Criteria in the section entitled "Radiation Safety Program – Instruments" in NUREG-1556, Vol. 1, Rev. 1, dated November 2001.</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

APPENDIX B

| Item No. And Title | Suggested Response | Yes | Alternative Procedures Attached |
|--|---|--|--|
| 10. RADIATION SAFETY PROGRAM – MATERIAL RECEIPT AND ACCOUNTABILITY | Physical inventories will be conducted at intervals not to exceed 6 months, to account for all sealed sources and devices received and possessed under the license. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. RADIATION SAFETY PROGRAM – OCCUPATIONAL DOSIMETRY | Either we will maintain, for inspection by NRC, documentation demonstrating that unmonitored individuals are not likely to receive a radiation dose in excess of 10 percent of the allowable limits in 10 CFR Part 20, or we will provide dosimetry processed and evaluated by an NVLAP-approved processor that is exchanged at a frequency recommended by the processor. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. RADIATION SAFETY PROGRAM – PUBLIC DOSE | The applicant is <i>not</i> required to submit a response to the public dose section during the licensing phase. This matter will be examined during an inspection. | Need Not Be Submitted With Application | |
| 10. RADIATION SAFETY PROGRAM – OPERATING AND EMERGENCY PROCEDURES | <p>We will implement and maintain the operating and emergency procedures in Appendix H of NUREG-1556, Vol. 1, Rev. 1, dated November 2001, and provide copies of these procedures to all gauge users and at each job site.</p> <p style="text-align: center;">OR</p> <p>Operating and emergency procedures will be developed, implemented, and maintained and will meet the criteria in the section entitled “Radiation Safety Program – Operating and Emergency Procedures” in NUREG-1556, Vol. 1, Rev. 1, dated November 2001.</p> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. RADIATION SAFETY PROGRAM – LEAK TEST | Leak tests will be performed at intervals approved by NRC or an Agreement State and specified in the Sealed Source and Device Registration Sheet. Leak tests will be performed by an organization authorized by NRC or an Agreement State to provide leak testing services for other licensees or using a leak test kit supplied by an organization authorized by NRC or an Agreement State to provide leak test kits to other licensees and according to the kit supplier’s instructions. | <input checked="" type="checkbox"/> | <input type="checkbox"/> The information in Appendix J supporting a request to perform leak testing and sample analysis is attached. |



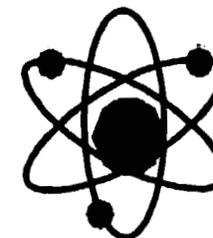
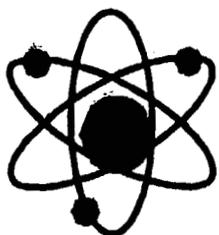
CORPORATE OFFICE
1001 PAXTON ST. - P.O. BOX 3331
HARRISBURG, PA 17105
(717) 233-4511

| <u>Gauge Model</u> | <u>Gauge SN</u> | <u>Cesium - 137</u> | <u>Americium - 241:BE</u> |
|--------------------|-----------------|---------------------|---------------------------|
| 3411 B | 11957 | 40-9530 | 47-7271 |
| 3440 | 24943 | 75-7084 | 47-21147 |
| 3440 | 27263 | 750-1025 | 47-23889 |
| 3450 | 841 | 751-789 | 47-30164 |
| 4640B | 1426 | 75-5414 | |
| 4640B | 1843 | 75-9916 | |
| 4640B | 2383 | 750-7274 | |

NOTE: All gauges are TROXLER

Q/C RESOURCE

Training Course Certification



This is to certify that

James G. Kelley

has successfully completed the RSO and Operator's course as required by the U.S. Nuclear Regulatory Commission and the Agreement States, in the Fundamentals of Safety and Gage operation, for the use of Nuclear Moisture / Density equipment. This course meets the requirements in NUREG 1556 Vol 1, Appendix D. It covered:

Atomic Physics

Transportation

Operation

Radiation Safety

Risk

Field Applications

Dose/Shielding Calculations

ALARA

Calibration

Accidents/Storage

Measurement Theory

Maintenance

April 22, 2003

Date of Training

6811

Certificate Number

A handwritten signature in black ink that reads "Phillip C. Palilla".

Instructor - Phillip C. Palilla

Manufacturer's Rep

HAZMAT Certification

as required by U.S. DOT and IATA

This certifies that

James G Kelley

has been trained and tested in accordance with the U.S. Department of Transportation and International Air Transport Association (IATA) hazardous material requirements for general awareness/familiarization, function-specific, and safety training as related to the transportation of nuclear gauges. A description of the training course materials is available from Troxler Electronic Laboratories, Inc.

| | | | |
|----------------------|-----------------------------|------------------------------|-----------------------|
| 10/21/04 | 10/21/06 | 10/21/07 | Harvey Dunlevy |
| <i>Training Date</i> | <i>Expiration per IATA*</i> | <i>Expiration per USDOT*</i> | <i>Instructor</i> |

** For shipments by air, the IATA expiration date is applicable. For shipments by highway, the USDOT expiration is applicable.*



Troxler Electronic Laboratories, Inc.

PO Box 12057 • 3008 Cornwallis Rd. • Research Triangle Park, NC 27709
Phone: (919) 549-8661 • Fax: (919) 549-0761 • www.troxlerlabs.com

Certified by

Company Official: Darrell Gray - Darrell Gray
Company Name: Pennsy Supply, Inc.
Company Address: 1001 Paxton St.
P.O. Box 3331
Harrisburg, PA 17105

Enrollment ID: 10404

This is to acknowledge the receipt of your letter/application dated 6/2/2005 ~~dated~~ received, and to inform you that the initial processing which includes an administrative review has been performed.

37-30232-01 (Renew)
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 137140.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 03121
: Status Code: 2
: Fee Category: 3P
: Exp. Date: 20050831
: Fee Comments: _____
: Decom Fin Assur Req'd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

I

1. APPLICATION ATTACHED

Applicant/Licensee: PENNSY SUPPLY, INC.
Received Date: 20050602
Docket No: 3033888
Control No.: 137140
License No.: 37-30232-01
Action Type: Renewal

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed Rebecca Jurod
Date 6/9/2005

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 _____