

ACCEPTANCE REVIEW MEMO

Licensee: Dept of Interior, USGS (Hawaii Nat'l Park)
License No.: 53-27584-01 **Docket No.:** 030-34685
Mail Control No.: 470795
Type of Action: Term **Date of Requested Action:** 12-08-05
Reviewer Assigned: **Date Assigned to Reviewer:** 12-20-05
Reviewer(s) Who Performed Review: Gaines

Response Received	Deficiencies Noted During Acceptance Review
1.	
2.	
3.	
4.	

Reviewer's Initials: _____ **Date:** _____

Branch Chief's and/or SR. HP's Initials: _____ **Date:** _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Action - decommissioning notification should be issued within 30 days.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Termination request < 90 days from date of expiration
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Action to be expedited
		<input type="checkbox"/> Medical emergency <input type="checkbox"/> Licensee in noncompliance (i.e. no RSO, location of use/storage not on license, radioactive material in possession not on license) <input type="checkbox"/> National Security <input type="checkbox"/> Other (_____)
Branch Chief's and/or Sr. HP's Initials: _____		Date: _____

SISP Review		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Non-Publicly Available, Sensitive if <u>any</u> item below is checked <input type="checkbox"/> Radionuclides, forms, and quantities <input type="checkbox"/> Location of RAM <input type="checkbox"/> Building drawings with locations of RAM <input type="checkbox"/> Security of RAM (locks, alarms, etc.) <input type="checkbox"/> SS&D Catalog information <input type="checkbox"/> Specifics of Emergency Plan (routes to and from RAM, response to security events, etc.) <input type="checkbox"/> Safeguards Information
Branch Chief's and/or Sr. HP's Initials: <u>ADG</u>		Date: <u>12/20/05</u>

AD4



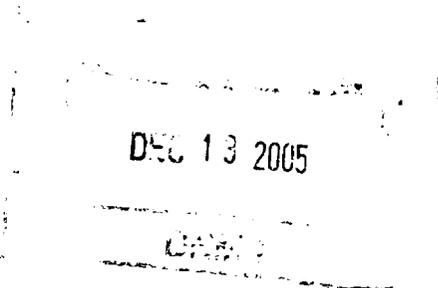
**U S Department of the Interior
U S Geological Survey
Biological Resources Division
Pacific Island Ecosystems Research Center**



Kilauea Field Station
P O Box 218 Building 344
Hawaii National Park, Hawaii 96718
tel: (808) 967-8119 ext 271 fax: (808) 967-8545

December 8, 2005

United States Nuclear Regulatory Commission
Region IV
Suite 400
611 Ryan Plaza Drive
Arlington Texas 76011-4005



Re: License Number 53-27584-01
Docket number 030-34685
Dept of Interior
USGS Biological Resources Division
Pacific Islands Ecosystems Research Center
PO Box 218, Bldg 343
Hawaii Volcanoes National Park, HI 96718

As Radiation Safety Officer of this facility, I would like to request license termination/decommissioning of this facility. I have enclosed completed NRC form 314, and included appropriate documentation of radiation surveys using a portable Geiger counter model PR5-5/P15 serial 003143/003142 calibrated by Technical Associates, Canoga Park, CA on 6/7/2005. Also included are documentation for wipe tests, and waste surveys conducted and determined on a Beckman Liquid Scintillation Counter with appropriate background controls. No radioactive material has been procured by this facility since 2002 and disposal of radioactive material has been achieved by decay-in-storage.

Geiger counter surveys were conducted on 20 November 2005 in the immediate work area, including inside and around hybridization ovens, storage boxes and column separation device. Floors, countertops and entryway were also surveyed. No detectable CPM were documented.

Wipe tests were conducted as follows and correspond to the enclosed scintillation counter printout:

1. Workstation shield
2. Hot storage boxes
3. Outside storage vials
4. Designated pipettes
5. Outside hybridization oven
6. Inside hybridization oven
7. Benchtop
8. Floor
9. Sink handles
10. Entryway door handles inside
11. Entryway door handles outside
12. Floor storage box outside
13. Floor storage box inside
14. Column shield outside

15. Column shield inside
16. 50 ul liquid waste
17. Background wipe only

CPM were set for reading for 30 minutes, with counts determined to be not significantly above background. I confirm that any remaining radioactivity is well within the limits of 10 CFR 20 and is ALARA. Subsequently the remaining liquid waste (approximately 10 mls) and solid waste were disposed of in accordance with NRC guidelines. Please inform me if further information is necessary for license termination and decommissioning of this facility. Thank you for your assistance in this matter.



Susan I. Jarvi, RSO
USGS-BRD PIERC
PO Box 218
Bldg 343
Hawaii National Park, HI 96718

Please send correspondences to:

Biology Department
University of Hawaii at Hilo
200 West Kawili Street
Hilo, HI 96720

(7-2001)
10 CFR 30.36(j)(1); 40.42(j)(1);
70.38(j)(1); and 72.54(j)(1)

Estimated burden per response to comply with this mandatory collection request: 30 minutes. This submittal is used by NRC as part of the basis for its determination that the facility is released for unrestricted use. Send comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0028), 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.

CERTIFICATE OF DISPOSITION OF MATERIALS

LICENSEE NAME AND ADDRESS *SUSAN I. JARVI, RSO*
DEPT. OF INTERIOR USGS BIOLOGICAL RESOURCES DIV.
PACIFIC ISLANDS ECOSYSTEMS RESEARCH CENTER
P.O. BOX 218 BLDG 243 HONOLULU NATL PARK HI 96718

LICENSE NUMBER
53-27584-01

DOCKET NUMBER
030-34685

LICENSE EXPIRATION DATE
MAY 31, 2008

This license has expired. **A. LICENSE STATUS (Check the appropriate box)**
This license has not yet expired; please terminate it.

B. DISPOSAL OF RADIOACTIVE MATERIAL

(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)

The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:

- 1. No radioactive materials have ever been procured or possessed by the licensee under this license.
- 2. All activities authorized by this license have ceased, and all radioactive materials procured and/or possessed by the licensee under this license number cited above have been disposed of in the following manner.
 - a. Transfer of radioactive materials to the licensee listed below:
 - b. Disposal of radioactive materials:
 - 1. Directly by the licensee: *DRAY IN STORAGE*
 - 2. By licensed disposal site:
 - 3. By waste contractor:
- c. All radioactive materials have been removed such that any remaining residual radioactivity is within the limits of 10 CFR Part 20, Subpart E, and is ALARA.

C. SURVEYS PERFORMED AND REPORTED

- 1. A radiation survey was conducted by the licensee. The survey confirms:
 - a. the absence of licensed radioactive materials
 - b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.
- 2. A copy of the radiation survey results:
 - a. is attached; or b. is not attached (Provide explanation); or c. was forwarded to NRC on: _____ Date
- 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and
 - a. The results of the latest leak test are attached; and/or
 - b. No leaking sources have ever been identified.

The person to be contacted regarding the information provided on this form:

NAME <i>SUSAN I. JARVI</i>	TITLE <i>ASSOCIATE PROFESSOR, RSO</i>	TELEPHONE (Include Area Code) <i>808 974 7358</i>	E-MAIL ADDRESS <i>Jarvi@hawaii.edu</i>
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Mail all future correspondence regarding this license to:
SUSAN JARVI, Biology Dept. UNIVERSITY OF HAWAII AT HONOLULU, 200 W. KOWILI ST. H116 HI 96720

C. CERTIFYING OFFICIAL
I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

PRINTED NAME AND TITLE <i>SUSAN I. JARVI Associate Professor, RSO</i>	SIGNATURE <i>Susan I. Jarvi</i>	DATE <i>5 Dec 2005</i>
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WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECT. 18 U.S.C. SECTION 1001 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.

ID: 32P WIDE

21 NOV 2005 16:14

USER: 2 COMMENT: 32P AND OPEN WINDOW LIQUID
 PRESET TIME : 30.00
 DATA CALC : CPM H# : NO SAMPLE REPEATS: 1 PRINTER : EDIT
 COUNT BLANK : NO IC# : NO REPLICATES : 1 RS232 : STD
 TWO PHASE : NO AQC : NO CYCLE REPEATS : 1
 SCINTILLATOR: LIQUID LUMEX: NO LOW SAMPLE REJ: 50
 LOW BACK. : NO HALF LIFE CORRECTION DATE: none

ISOTOPE 1: 32P %ERROR: 5.00 FACTOR: 1.0000 BKG. SUB: 0
 WIDE OPEN WINDOW %ERROR: 5.00 FACTOR: 1.0000 BKG. SUB: 0

SAM NO	POS	TIME MIN	32P		WIDE		LUMEX %	ELAPSED TIME
			CPM	%ERROR	CPM	%ERROR		
1	** -1	3.75	48.54	14.82	49.60	14.66	7.49	4.10
			COUNT TERMINATED: COUNT RATE TOO LOW					
2	** -2	0.45	44.45	44.72	46.67	43.64	7.89	4.92
			COUNT TERMINATED: COUNT RATE TOO LOW					
3	** -3	0.15	13.34	141.42	20.00	115.47	36.55	5.47
			COUNT TERMINATED: COUNT RATE TOO LOW					
4	** -4	0.25	48.01	57.74	48.01	57.74	13.07	6.09
			COUNT TERMINATED: COUNT RATE TOO LOW					
5	** -5	0.80	43.76	33.81	47.51	32.44	2.50	7.26
			COUNT TERMINATED: COUNT RATE TOO LOW					
6	** -6	4.15	48.21	14.14	49.41	13.97	1.19	11.79
			COUNT TERMINATED: COUNT RATE TOO LOW					
7	** -7	0.15	33.35	89.44	33.35	89.44	32.78	12.32
			COUNT TERMINATED: COUNT RATE TOO LOW					
8	** -8	0.65	49.25	35.36	49.25	35.36	4.47	13.34
			COUNT TERMINATED: COUNT RATE TOO LOW					
9	** -9	2.65	49.84	17.41	49.84	17.41	2.26	16.37
			COUNT TERMINATED: COUNT RATE TOO LOW					
10	** -10	0.85	44.73	32.44	47.09	31.62	2.67	17.59
			COUNT TERMINATED: COUNT RATE TOO LOW					
11	** -11	0.15	40.02	81.65	40.02	81.65	20.42	18.15
			COUNT TERMINATED: COUNT RATE TOO LOW					
12	** -12	0.15	26.68	100.00	26.68	100.00	38.43	18.69
			COUNT TERMINATED: COUNT RATE TOO LOW					
13	** -1	0.15	26.68	100.00	26.68	100.00	34.41	19.32
			COUNT TERMINATED: COUNT RATE TOO LOW					
14	** -2	0.15	33.36	89.44	33.36	89.44	33.55	19.84
			COUNT TERMINATED: COUNT RATE TOO LOW					
15	** -3	24.00	49.01	5.83	50.01	5.78	2.92	44.52
			COUNT TERMINATED: COUNT RATE TOO LOW					
16	** -4	2.05	48.86	20.00	49.83	19.80	2.17	46.95
			COUNT TERMINATED: COUNT RATE TOO LOW					
17	** -5	0.15	13.35	141.42	13.35	141.42	42.20	47.49
			COUNT TERMINATED: COUNT RATE TOO LOW					

**Certificate of Instrument Calibration
and
Certificate of Compliance**

This is to certify that

Description Portable Ratemeter
Model PRS-5 / P-15
Serial 003143 / 003142

was calibrated on

Date 6/7/05

Except as noted below, this instrument now meets the manufacturer's tolerance of \pm 10 % F.S. Source used for calibration is traceable to NIST. The isotope used was CS-137. The instrument was calibrated at an ambient temperature of 60-80° and includes a background reading of 0.02 mR/hr.

Calibration is performed in conformance with recommendations of the U.S. Nuclear Regulatory Commission and in agreement with State regulations and of the International Commission of Radiation Protection. Ref: 1. U.S. Nuclear Regulatory Comm. RG8.21 Section 1.12, and 2. California ADM. Code, Title 17, Section 30332(c)(1), also N-323-1978.

Two points were checked at each scale; one point in the lower 25% of the scale and one point in the upper 25%. Adjustments have been made so that the instrument reads within the above accuracy on all ranges when compared to true dose rate, unless noted below. Analog instruments reading in counts/minute are calibrated against a pulse generator traceable to the NIST in addition to checking against a calibrated radiation source.

Cal source is encapsulated in stainless steel and is overcoated with 1/4" low Z material to minimize any bremsstrahlen effect.

Cal source is axial to detector window.
Reading from side is reduced by factor _____.

Comments:

Calibration Technician: AD

Approved by: VJC

Purchase Order: _____

Property of: U.S. Geological Survey

TA TECHNICAL ASSOCIATES

7051 ETON AVENUE, CANOGA PARK, CA 91303 TEL: 818-883-7043 FAX: 818-883-6103

CALIBRATION DATA SHEET

INSTRUMENT OWNER: *U.S. Geological Survey*

Date Data Taken: *6/7/05*

INSTRUMENT MODEL #: *PRS-5 / P-15*

Taken By: *AD*

INSTRUMENT SERIAL #: *003143 / 003142*

TIA Ref #: *11396*

Linear Instrument Range Switch Position	Log Instrument Decade	Exposure Rate	Reading As Received	Reading As Corrected	Correction Factor
x1		<i>1.6 cps</i>	<i>110 cpm</i>	<i>100 cpm</i>	
x1		<i>8.3 cps</i>	<i>510 cpm</i>	<i>500 cpm</i>	
x10		<i>16.6 cps</i>	<i>950 cpm</i>	<i>1,000 cpm</i>	
x10		<i>83.3 cps</i>	<i>4,950 cpm</i>	<i>5,000 cpm</i>	
x100		<i>166.6 cps</i>	<i>9,500 cpm</i>	<i>10,000 cpm</i>	
x100		<i>833.3 cps</i>	<i>49,500 cpm</i>	<i>50,000 cpm</i>	
x1000		<i>1666.6 cps</i>	<i>100,000 cpm</i>	<i>100,000 cpm</i>	
x1000		<i>8333.3 cps</i>	<i>500,000 cpm</i>	<i>500,000 cpm</i>	

Note: For linear instruments, two readings to be taken per range.
For log instruments, two readings per decade.

CHECK SOURCE READING:



TECHNICAL ASSOCIATES

7051 ETON AVENUE • CANOGA PARK CA 91303 • TELEPHONE 818-883-7043 • FAX 818 883

DEC 20 2006
DATE

This is to acknowledge the receipt of your letter/application dated 12-08-05, and to inform you that the initial processing, which includes an administrative review, has been performed.

There were no administrative omissions. Your application will be 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:

The action you requested is normally processed within 90 days.

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 470795.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,



Licensing Assistant

(FOR LEMS USE)

INFORMATION FROM LTS

BETWEEN :
License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02410
Status Code: 0
Fee Category: EX 3P
Exp. Date: 30080531
Fee Comments:
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: INTERIOR, DEPARTMENT OF THE
Received Date: 20051213
Docket No: 3034685
Control No.: 470795
License No.: 53-27584-01
Action Type: Termination

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed *Collette J. Jaramala*
Date *09/30/05*

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 _____

Mr. Steve YARVE
DOI / U.S. C
BRD / Kilau
PO Box 44 -
Hil Nail Park, ... 20710



RECEIVED
DEC 13 2005
DEALS

United States Nuclear Regulatory Commission
Region IV
Suite 400
611 Ryan Plaza Drive
Arlington, Texas 76011-4005

