

**From:**  
**To:**  
**Date:**  
**Subject:**

Richard Skokowski  
Mahesh Chawla  
2/10/06 9:49AM  
tritium survey

R111  
NRR

App E. (36)

*Richard Skokowski*

R111

please see attached

2-73

# LICENSEE QUESTIONNAIRE

## *Onsite Radiological Effluent Monitoring Program*

**Phase I (Near term response)**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Does the licensee have radioactive groundwater monitoring wells onsite?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES:           How many wells: _____  |                          |                          |
| Where are they located (e.g., distributed around/throughout the site, in a particular region of the site and/or near particular buildings/structures, etc.)      |                          |                          |
| (a.) within the Protected Area   | <input type="checkbox"/> | <input type="checkbox"/> |
| (b.) within the Radiologically Restricted Area   | <input type="checkbox"/> | <input type="checkbox"/> |
| (c.) within the owner-controlled area  | <input type="checkbox"/> | <input type="checkbox"/> |
| (d.) at what frequency does the licensee sample/analyze the wells  | _____                    |                          |
| (e.) for what radionuclides does the licensee monitor  |                          |                          |
| Gamma emitters (gamma Spec)  | <input type="checkbox"/> | <input type="checkbox"/> |
| Tritium  | <input type="checkbox"/> | <input type="checkbox"/> |
| Gross Beta   | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes – at what MDA   | _____                    |                          |
| If Yes – at what MDA   | _____                    |                          |
| If Yes – at what MDA   | _____                    |                          |
| If Yes – at what MDA   | _____                    |                          |
| 2. If the licensee does NOT have an onsite radioactive groundwater monitoring program:   |                          |                          |
| (a.) Does the licensee plan to implement a groundwater monitoring program.   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, when and to what extent: _____   |                          |                          |
| _____  |                          |                          |
| _____  |                          |                          |
| (b.) Does the licensee plan to take other measures to assure they can identify radioactive groundwater contamination   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the licensee have a surveillance program to periodically walkdown outside areas around the site to look for potential leaks and spills?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the licensee perform any other onsite monitoring (e.g. soil sampling) to identify unexpected radioactive releases  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the licensee's radioactive liquid discharge line traverse any non-licensee owned areas (e.g., it is on a right-of-way surrounded by private properties)? | <input type="checkbox"/> | <input type="checkbox"/> |

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | Yes                      | No                       |
| 6. If the licensee has a discharge pipe that runs underground or any underground piping that carries radioactive liquids, does the licensee perform monitoring along the discharge pathway to identify potential leakage. | <input type="checkbox"/> | <input type="checkbox"/> |

If YES,  
How frequently is the sampling performed: \_\_\_\_\_

For what radionuclides does the licensee monitor: \_\_\_\_\_

**Phase II (Longer Term Response)**

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| 7. Historical Onsite Radioactive Contamination:  |                          |                          |
| (a.) Does the licensee have any history of radioactive spills and/or leaks outside of buildings? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are they documented in their 50.75g file   | <input type="checkbox"/> | <input type="checkbox"/> |
| (b.) Has the licensee identified onsite radioactive groundwater contamination.                   | <input type="checkbox"/> | <input type="checkbox"/> |

If YES:

➤ When was it identified - IF known:  
Dates: \_\_\_\_\_

Condition Report No: \_\_\_\_\_  
(If available)

➤ To what extent - IF known [square footage, estimated ground depth of the contamination, estimated quantity (volume / concentration), etc.]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

➤ Has the contamination moved outside the Restricted Area or the owner-controlled area

8. Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_