

NRC FORM 712  
(6-1980)  
10 CFR 30, 32, 33  
34, 35, 36, 39 and 40

U. S. NUCLEAR REGULATORY COMMISSION

# APPLICATION FOR MATERIAL LICENSE

Estimated burden per response to comply with this mandatory information collection request 74 hours. Submission 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 Management Branch (7-8 68), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to rjmt@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NRC-114202, (3105-0120) Office of Management and Budget, Washington, DC 20503, if a measure used to reduce an information collection does not display a currently valid OMB control number, NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

**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.**

**APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:**

DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY  
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001

**ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:**

**IF YOU ARE LOCATED IN:**

CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO:

LICENSING ASSISTANT SECTION  
NUCLEAR MATERIALS SAFETY BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
475 ALLENDALE ROAD  
RING OF PRUSSIA, PA 19406-1415

ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

SAM NUNN ATLANTA FEDERAL CENTER  
U.S. NUCLEAR REGULATORY COMMISSION, REGION II  
61 FORBETH STREET, N.W. SUITE 23763  
ATLANTA, GEORGIA 30305-8831

**IF YOU ARE LOCATED IN:**

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING SECTION  
U.S. NUCLEAR REGULATORY COMMISSION, REGION III  
801 WARRENVILLE RD.  
Lisle, IL 60532-4551

*NMSB3*

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:

NUCLEAR MATERIALS LICENSING SECTION  
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV  
811 RYAN PLAZA DRIVE, SUITE 400  
ARLINGTON, TX 76011-0004

*LL 31238  
030 3 7448  
03121*

*(16-31238-01)*

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.

**1. THIS IS AN APPLICATION FOR (Check appropriate item)**

- A NEW LICENSE
- B AMENDMENT TO LICENSE NUMBER \_\_\_\_\_
- C RENEWAL OF LICENSE NUMBER \_\_\_\_\_

**2. NAME AND MAILING ADDRESS OF APPLICANT (include Zip code)**

*Mountain Enterprises, Inc.  
8752A Rt. 321 S.  
Hager Hill, KY. 41222*

**3. ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED**

*4022 Ohio River Road  
Huntington, Wv. 25702*

**4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION**

*Keith Bishop*

**TELEPHONE NUMBER**

*(606) 789-0320*

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.

**5. RADIOACTIVE MATERIAL**  
a. Element and mass number, chemical and/or physical form, and a maximum amount which will be possessed at any one time

**6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED**

**7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE**

**8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS**

**9. FACILITIES AND EQUIPMENT**

**10. RADIATION SAFETY PROGRAM**

**11. WASTE MANAGEMENT**

**12. LICENSE FEE (\$ per 10 CFR 170 and Section 170.31)**

**FEE CATEGORY**

**AMOUNT ENCLOSED \$**

**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.

**CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE**

*Philip C. Annis, President*

**SIGNATURE**

*Philip C. Annis*

**DATE**

*April 6, 2007*

**FOR NRC USE ONLY**

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		

**APPROVED BY**

**DATE**

*140355*

APPENDIX B

**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
✓		Cesium-137	Sealed source manufacturer or distributor and model number: <u>TRAXLER - 3430</u> <u>3440, 4640</u> <hr/> Device manufacturer or distributor and model number: _____ <hr/>	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: _____ _____ _____ _____ _____ _____	<input checked="" type="checkbox"/> Not applicable <hr/> <input type="checkbox"/> Uses are: _____ <hr/> (Submit safety analysis supporting safe use)
✓		Americium-241	Sealed source manufacturer or distributor and model number: <u>TRAXLER</u> <u>3430, 3440</u> <hr/> Device manufacturer or distributor and model number: _____ <hr/>	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: _____ _____ _____ _____ _____ _____	<input checked="" type="checkbox"/> Not applicable <hr/> <input type="checkbox"/> Uses are: _____ <hr/> (Submit safety analysis supporting safe use)

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Yes	No	Radioisotope	Manufacturer or Distributor Model No.	Quantity	Use As Listed on SSD Certificate	Specify Other Uses Not Listed on SSD Certificate
	✓	Californium-252	Sealed source manufacturer or distributor and model number: <hr/> Device manufacturer or distributor and model number: <hr/>	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 type="checkbox"/> Specific description of the gauge use: <hr/> <hr/> <hr/> <hr/> 	<input type="checkbox"/> Not applicable <hr/> <input type="checkbox"/> Uses are: <hr/> (Submit safety analysis supporting safe use)
	✓	Other Isotope (Specify):	Sealed source manufacturer or distributor and model number: <hr/> Device manufacturer or distributor and model number: <hr/>	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 type="checkbox"/> Specific description of the gauge use: <hr/>	<input type="checkbox"/> Not applicable <hr/> <input type="checkbox"/> Uses are: <hr/> (Submit safety analysis supporting safe use)
<i>Financial Assurance Required and Evidence of Financial Assurance Provided</i>						

## APPENDIX B

**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. <b>INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE – RADIATION SAFETY OFFICER</b></p> <p>Name: <u>Keith Bishop</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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>8. <b>TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS</b></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. <b>FACILITIES AND EQUIPMENT</b></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><b>Separate Item 9 Response</b> <b>Need Not Be Submitted With Application</b></p>	
<p>10. <b>RADIATION SAFETY PROGRAM – AUDIT PROGRAM</b></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><b>Need Not Be Submitted With Application</b></p>	
<p>10. <b>RADIATION SAFETY PROGRAM – TERMINATION OF ACTIVITIES</b></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><b>Need Not Be Submitted With Application</b></p>	
<p>10. <b>RADIATION SAFETY PROGRAM – SURVEY INSTRUMENTS</b></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"/>





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

4/6/2007, and to inform you that the initial processing which includes an administrative review has been performed.

NEW LICENSE APPLICATION (03037448)  
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

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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** 140355.  
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 LEYS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: Program Code: 03121  
: Status Code: 3  
: Fee Category: \_\_\_\_\_  
: Exp. Date: 0  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Reqd: \_  
: .....

LICENSE FEE TRANSMITTAL

A. REGION

*I*

1. APPLICATION ATTACHED

Applicant/Licensee: MOUNTAIN ENTERPRISES, INC.  
Received Date: 20070409  
Docket No: 3037448  
Control No.: 140355  
License No.: *16-31238-01*  
Action Type: New Licensee

2. FEE ATTACHED

Amount:           /            
Check No.:           /          

3. COMMENTS

Signed *Mr. A. Perkins*  
Date *4/9/2007*

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 \_\_\_\_\_