

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Inland Code

License No.: 11-29265-01

Docket No.: 030-37481

Mail Control No.: 471387

Type of Action: New

Date of Requested Action: 05-31-07

Reviewer Assigned:

ARM reviewer(s): Cook

Response	Deficiencies Noted During Acceptance Review
	<input checked="" type="checkbox"/> Open ended possession limits. Limit possession. Submit inventory. <input type="checkbox"/> Submit copies of most recent leak test results. <input type="checkbox"/> Add - delete IC license condition. Add IC paragraph in cover letter. <input type="checkbox"/> Split license from cover letter. Add SUNSI marking to license. <input type="checkbox"/> Ask the licensee if they have any type-amount of EPAct Material.

Reviewer's Initials: _____

Date: _____

- Yes No Unrestricted release Group 2 or >: Transfer memo to FCDB within 10 days.
- Yes No Decommissioning notification should be completed within 30 days.
- Yes No Termination request < 90 days from date of expiration
- Yes No Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
- Yes No TAR needed to complete action.

Branch Chief's and/or Sr. HP's Initials: _____

Date: _____

SUNSI Screening according to RIS 2005-31

Yes No Non-Publicly Available, Sensitive if any item below is checked

General guidance:

- _____ RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
- _____ Exact location of RAM (whether = or > than Category 3 or not)
- _____ Design of structure and/or equipment (site specific)
- _____ Information on nearby facilities
- _____ Detailed design drawings and/or performance information
- _____ Emergency planning and/or fire protection systems

Specific guidance for medical, industrial and academic (above Category 3):

- _____ RAM quantities and inventory
- _____ Manufacturer's name and model number of sealed sources & devices
- _____ Site drawings with exact location of RAM, description of facility
- _____ RAM security program information (locks, alarms, etc.)
- _____ Emergency Plan specifics (routes to/from RAM, response to security events)
- _____ Vulnerability/security assessment/accident-safety analysis/risk assess
- _____ Mailing lists related to security response

Branch Chief's and/or Sr. HP's Initials: JAC

Date: 6/8/07

5. RADIOACTIVE MATERIAL
 - A. Cesium 137, sealed sources for CPN and Troxler Portable gages
 - B. Americium 241, sealed neutron sources for CPN and Troxler Portable gages.
 - C. Approximately 3 gages stored on site. *CPN MC Series, TROXLER 3400 Series*
 - D. see attached appendix B
6. PURPOSE FOR WHICH LICENSED MATERIAL WILL BE USED.
 - A. Soils Testing
 - B. see attached appendix B
7. INDIVIDUAL RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.
 - A. Patricia Dorval, Have 6 years experience operating portable gages. May 2001 certificate of training and May 2007 certificate for RSO. See attached copies.
 - B. see attached appendix B
8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.
 - A. Patti Dorval : RSO and Operator. See attached certificates.
 - B. Craig Carrick : Operator of portable gage. See attached certificate.
 - C. Roy Evans : Operator of portable gage. See attached certificate.
9. FACILITIES AND EQUIPMENT.
 - A. Portable gauges to be kept at address listed on application in a posted locking closet between shop and office area.
10. RADIATION SAFETY PROGRAM.
 - A. see attached appendix B
11. WASTE MANAGEMENT
 - A. We will implement a disposal procedures program.

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: <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: CPN-MC Series Troxler-3400 Series SOL Testing	<input type="checkbox"/> Not applicable <input type="checkbox"/> Uses are: (Submit safety analysis supporting safe use)
		Americium-241	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 checked="" type="checkbox"/> Specific description of the gauge use: CPN-MC Series Troxler 3400 Series SOL testing	<input type="checkbox"/> Not applicable <input type="checkbox"/> Uses are: (Submit safety analysis supporting safe use)

APPENDIX B

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: _____ Device manufacturer or distributor and model number: _____	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: _____ _____ _____ _____ _____	<input type="checkbox"/> Not applicable _____ <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use)
		Other Isotope (Specify):	Sealed source manufacturer or distributor and model number: _____ Device manufacturer or distributor and model number: _____	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: _____	<input type="checkbox"/> Not applicable _____ <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use)
<i>Financial Assurance Required and Evidence of Financial Assurance Provided</i>						

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: _____</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. 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.	X	<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.	X	<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>	<p style="text-align: center;">X</p> <p style="text-align: center;"><input type="checkbox"/></p>	<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.	X	<p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">The information in Appendix J supporting a request to perform leak testing and sample analysis is attached.</p>

Item No. And Title	Suggested Response	Yes	Alternative Procedures Attached
10. RADIATION SAFETY PROGRAM – MAINTENANCE	<p><i>Routine Cleaning and Lubrication</i></p> <p>We will implement and maintain procedures for routine maintenance of our gauges according to each manufacturer's recommendations and instructions.</p> <p><i>Non-Routine Maintenance</i></p> <p>We will send the gauge to the manufacturer or other person authorized by NRC or an Agreement State to perform non-routine maintenance or repair operations that require the removal of the source or source rod from the gauge.</p>	<p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>The information listed in Appendix G supporting a request to perform non-routine maintenance in-house is attached.</p>
10. RADIATION SAFETY PROGRAM – TRANSPORTATION	<p>The applicant is <i>not</i> required to submit its response to transportation during the licensing process. However, this issue will be reviewed during inspection.</p>		<p>Need Not Be Submitted With Application</p>
11. WASTE MANAGEMENT – GAUGE DISPOSAL AND TRANSFER	<p>The applicant is <i>not</i> required to submit a response to waste management during the licensing process. However, the licensee should develop, implement, and maintain gauge transfer and disposal procedures in its radiation protection program.</p>		<p>Need Not Be Submitted With Application</p>

CERTIFICATE OF COMPLETION

Craig Carrick

9 March 2007 Moses Lake, Washington

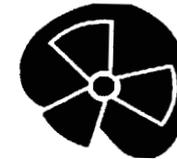
The above participant attended an authorized CPN International, Inc. course on Radiation Safety and the Use of Portable Nuclear Gauges. The training satisfies the requirements of the NRC, Agreement States and USDOT. The Course contents included: theory of nuclear gauge operation, radiation safety, regulations and transportation. The participant was tested and is qualified to transport and operate a portable nuclear gauge without direct supervision.



CPN International, Inc.
4057 Port Chicago Hwy #100
Concord, CA 94520 USA
Phone: (925) 363-9770
Fax: (925) 363-3183
e-mail: cpn@cpn-intl.com


Instructor


CPN Radiation Safety Officer



Hevly Technical Services

331 Valley Mall Pkwy #352
East Wenatchee, WA 98802
509/884-4110
hevly@hevly.net
www.hevly.net

CERTIFICATE OF COMPLETION

Roy S. Evans

9 March 2007 Moses Lake, Washington

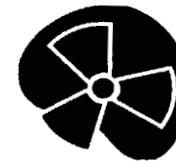
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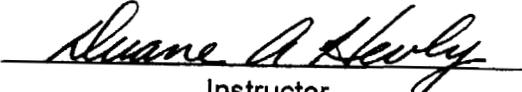
Patti Dorval

24 May 2001 Spokane, Washington

The above participant attended an authorized CPN International, Inc. course on Radiation Safety and the Use of Portable Nuclear Gauges. The training satisfies the requirements of the NRC, Agreement States and USDOT. The Course contents included: theory of nuclear gauge operation, radiation safety, regulations and transportation. The participant was tested and is qualified to transport and operate a portable nuclear gauge without direct supervision.



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CERTIFICATE OF COMPLETION

Patti Dorval
Spokane, WA 11 May 2007

*The above participant attended an authorized CPN International, Inc.
course for Radiation Safety Officers.*



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Suane A. Hewly

Instructor

Douglas Carter

Radiation Safety Officer

6-08-07

DATE

This is to acknowledge the receipt of your letter/application dated 5-31-07, 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** 471387.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Murashan

Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

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

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED INLAND CODE
Applicant/Licensee: 20070605
Received Date: 3037481
Docket No.: 471387
Control No.:
License No.:
Action Type: New Licensee

2. FEE ATTACHED
Amount: 1200 ^{no}
Check No.: 0358

Signed [Signature]
Date 6-07-07

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 _____



X. 200 East
213
ID 83852
5.2908
56.915.2908

FIRST CLASS

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