

**NRC FORM 313** U.S. NUCLEAR REGULATORY COMMISSION  
 (10-2005)  
 10 CFR 30, 32, 33,  
 34, 35, 36, 39, and 40

**APPROVED BY OMB: NO. 3150-0120** **EXPIRES: 10/31/2008**  
 Estimated burden per response to comply with this mandatory collection request: 4.4 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 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to [infocollect@nrc.gov](mailto:infocollect@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.**

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

**IF YOU ARE LOCATED IN:**

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

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

MATERIALS LICENSING BRANCH  
 U.S. NUCLEAR REGULATORY COMMISSION, REGION III  
 2443 WARRENVILLE ROAD, SUITE 210  
 LISLE, IL 60532-4352

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

**IF YOU ARE LOCATED IN:**

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:

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:

LICENSING ASSISTANCE TEAM  
 DIVISION OF NUCLEAR MATERIALS SAFETY  
 U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
 475 ALLENDALE ROAD  
 KING OF PRUSSIA, PA 19406-1415

NUCLEAR MATERIALS LICENSING BRANCH  
 U.S. NUCLEAR REGULATORY COMMISSION, REGION IV  
 611 RYAN PLAZA DRIVE, SUITE 400  
 ARLINGTON, TX 76011-4005

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)

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

- A. NEW LICENSE
- B. AMENDMENT TO LICENSE NUMBER
- C. RENEWAL OF LICENSE NUMBER

IDEKER, INC.  
 P.O. Box 7140  
 St. Joseph, Mo. 64507

24-32199-01

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

4614 South 40th Street  
 St. Joseph, Mo 64503

Russell Thielmann  
 TELEPHONE NUMBER  
 mobile 913-710-9593  
 office 816-364-3970

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; b. chemical and/or physical form; and c. 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 FEES (See 10 CFR 170 and Section 170.31)  
 FEE CATEGORY 3P AMOUNT ENCLOSED see invoice

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 CONFORMANCE 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  
 Russell Thielmann - RSO

SIGNATURE  
 Russell Thielmann

DATE  
 1-18-10

**FOR NRC USE ONLY**

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

APPENDIX B

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

Yes	No	Radionuclide	Manufacturer or Distributor Model No.	Quantity	Use As Listed on SSD Certificate	Specify Other Uses Not Listed on SSD Certificate
		Cesium-137  MAX. amount  .60 GBQ or 16.000 mci	Sealed source manufacturer or distributor and model number: <u>troxler 3440</u>  Device manufacturer or distributor and model number: <u>troxler 3440</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: _____ _____ _____ _____	<input checked="" type="checkbox"/> Not applicable  <input type="checkbox"/> Uses are: _____  (Submit safety analysis supporting safe use)
		Americium-241  max amount  2.96 GBQ or 80.000 mci	Sealed source manufacturer or distributor and model number: <u>troxler 3440</u>  Device manufacturer or distributor and model number: <u>troxler 3440</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: _____ _____ _____ _____	<input checked="" type="checkbox"/> Not applicable  <input type="checkbox"/> Uses are: _____  (Submit safety analysis supporting safe use)

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Yes	No	Radionuclide	Manufacturer or Distributor Model No.	Quantity	Use As Listed on SSD Certificate	Specify Other Uses Not Listed on SSD Certificate
	X	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)
	X	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>						

## 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>Russell Name: <u>Thielmann</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>Separate Item 9 Response Need Not Be Submitted With Application</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>Need Not Be Submitted With Application</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>Need Not Be Submitted With Application</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"/>

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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 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.

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Item No. And Title	Suggested Response	Yes	Alternative Procedures Attached
<b>10. RADIATION SAFETY PROGRAM – MAINTENANCE</b>	<p><i>Routine Cleaning and Lubrctation</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>
<b>10.RADIATION SAFETY PROGRAM – TRANSPORTATION</b>	<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>
<b>11. WASTE MANAGEMENT – GAUGE DISPOSAL AND TRANSFER</b>	<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>

U. S. NUCLEAR REGULATORY COMMISSION  
FY 2009 Annual Materials Fee Invoice  
Period 10/1/2008 - 9/30/2009  
10 CFR 171.16

*due 9/2/09*

Invoice Date  
=====

License Anniversary Month  
=====

Invoice Number  
=====

08/03/2009

August

AM3388-09

IDEKER, INC.  
ATTENTION: RADIATION SAFETY OFFICER  
P. O. BOX 7140  
ST. JOSEPH MO 64507

AUG 03 2009

\*\*\*\*\* Mark PAYMENT COPY with any billing address changes \*\*\*\*\*

License/Approval/ Registration/ Certificate Number	Code	Annual Fee Category(s)	Fee Amount
=====	=====	=====	=====
24-32199-01	AA905 ANN	3P	\$ 2,100.00
TOTAL:			\$ 2,100.00
TOTAL INVOICE:			\$ 2,100.00

If paid by Fedwire see attached Terms and Conditions. If paid by check, make check payable to the NRC (reference Invoice no.) and mail to:

U.S. Nuclear Regulatory Commission <=== This PO Box address is  
Accounts Receivable Team <=== for receipt of payments  
P.O. Box 979051 <=== only.  
St. Louis, MO 63197-9000

For terms and conditions see attached.  
Payment must be received within 30 days of the date of this invoice to avoid late charges.  
Questions: call 301/415-7554

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\* L I C E N S E E C O P Y \*  
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PAID  
AUG 25 2009  
CK# 101268  
\$2100.00

Vendor No.	2778
G/L Ace No.	
Equip. No.	
Job No.	2812
Pay Item-Cost Code	9140
Cost Type/Pay Type	0
PAYMENT OK'd	
By	\$ 1050.00

2808  
9140  
0  
\$ 1050.00



# IDEKER, INC.

Earth Moving • Concrete • Asphalt

Date 1-19-10

Total Number of Pages 8 (Including Cover Sheet)

Deliver To Jose Macatanay

Company Name NRC control # 318466

Fax Number 630-515-1078

Sending Party Russell Thielmann

Message (If Any) :

Here is the information you requested.  
 Could you call me when you receive it,  
 that way I will know for sure that you got  
 it. My cell # is 913-710-9593  
 Thanks, Russell T.