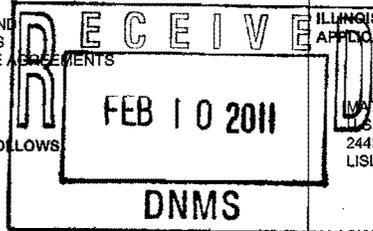


MT

| | | | |
|---|---|---|---------------------------|
| NRC FORM 313 (3-2009) 10 CFR 30, 32, 33, 34, 35, 36, 39, and 40 | U.S. NUCLEAR REGULATORY COMMISSION | APPROVED BY OMB: NO. 3150-0120 | EXPIRES: 3/31/2012 |
| APPLICATION FOR MATERIALS LICENSE | | Estimated burden per response to comply with this mandatory collection request: 4.3 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 infocollects.resource@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. | |

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: OFFICE OF FEDERAL & STATE MATERIALS AND ENVIRONMENTAL MANAGEMENT PROGRAMS DIVISION OF MATERIALS SAFETY AND STATE AGREEMENTS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001 | IF YOU ARE LOCATED IN: 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, 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: LICENSING ASSISTANCE TEAM DIVISION OF NUCLEAR MATERIALS SAFETY U.S. NUCLEAR REGULATORY COMMISSION, REGION I 475 ALLENDALE ROAD KING OF PRUSSIA, PA 19406-1415 | 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. NUCLEAR MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION IV 612 E. LAMAR BOULEVARD, SUITE 400 ARLINGTON, TX 76011-4125 |



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) <input type="checkbox"/> A. NEW LICENSE <input type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER _____ <input checked="" type="checkbox"/> C. RENEWAL OF LICENSE NUMBER <u>53-23232-01</u> | 2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code) Tesoro Hawaii Corporation 91-325 Komohana Street Kapolei, Hawaii 96707 |
| 3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED 91-325 Komohana Street Kapolei, Hawaii 96707 | 4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION Michael P. Mullen TELEPHONE NUMBER (808) 479-0531 |

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) <table style="width:100%; border: none;"> <tr> <td style="border: none;">FEE CATEGORY</td> <td style="border: none;">AMOUNT ENCLOSED</td> <td style="border: none;">\$</td> </tr> </table> | FEE CATEGORY | AMOUNT ENCLOSED | \$ |
| 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 Michael P. Mullen Radiation Safety Officer | SIGNATURE | DATE 2/4/2011 |
|---|----------------------|--------------------------------|

| FOR NRC USE ONLY | | | | | |
|------------------|---------|--------------|-----------------|--------------|----------|
| TYPE OF FEE | FEE LOG | FEE CATEGORY | AMOUNT RECEIVED | CHECK NUMBER | COMMENTS |
| | | | \$ | | |
| APPROVED BY | | | | DATE | |
| | | | | | |

NRC FORM 313 (3-2009)

ADAMS # 574441
 Template _____
 Date ___/___/___ QC'd by _____

PRINTED ON RECYCLED PAPER

Suggested Format for Providing Information Requested in Items 5 Through 11 of NRC Form 313

Table B.1 Items 5 & 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 |
|-----|----|--------------|---|---|--|---|
| | ✓ | Cobalt-60 | 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 [] Specific description of the gauge use: _____ _____ _____ _____ | [] Not applicable _____ [] Uses are: _____ (Submit safety analysis supporting safe use) |
| | ✓ | Krypton-85 | 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 [] Specific description of the gauge use: _____ _____ _____ _____ | [] Not applicable _____ [] Uses are: _____ (Submit safety analysis supporting safe use) |
| | ✓ | Strontium-90 | 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 [] Specific description of the gauge use: _____ _____ _____ _____ | [] Not applicable _____ [] Uses are: _____ (Submit safety analysis supporting safe use) |
| ✓ | | Cesium-137 | Sealed source manufacturer or distributor and model number: <u>OHMART SR-1A</u> <u>SIL-FJ</u> 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 [] Specific description of the gauge use: <u>DENSITY OF HYDRO CARBON LIQUID IN PIPE.</u> <u>LEVEL MEASUREMENT OF H₂O LIQUID IN VERTICAL TOWER</u> | [] Not applicable _____ [] 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 |
|--|----|--------------------------|---|---|--|---|
| | ✓ | Americium-241 | 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 [] Specific description of the gauge use: _____ _____ _____ _____ _____ | [] Not applicable _____ [] 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 [] Specific description of the gauge use: _____ _____ _____ _____ _____ | [] Not applicable _____ [] Uses are: _____ (Submit safety analysis supporting safe use) |
| <i>Financial Assurance Required and Evidence of Financial Assurance Provided</i> | | | | | | |

Table B.2 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</p> <p>7.1 Radiation Safety Officer</p> <p>Name: <u>SEE BELOW</u> MICHAEL MULLEN</p> <p>(ALTERNATE) JOSH CAPELLO</p> | <p>Before obtaining licensed materials, the proposed RSO will have successfully completed the training 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. 4, dated October 1998.</p> <p style="text-align: center;">AND</p> <p>Before being named as the RSO, future RSOs will have successfully completed the training 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. 4, dated October 1998. Within 30 days of naming a new RSO, we will submit the new RSO's name to NRC to include in our license.</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>7. Individual(s) Responsible For Radiation Safety Program And Their Training And Experience</p> <p>7.2 Authorized Users</p> | <p>PROPOSED AUTHORIZED USERS:</p> <p>Before using licensed materials, authorized users will have successfully completed the training described in Criteria in the section entitled, "Authorized Users" in NUREG-1556, Vol. 4, dated October 1998.</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>8. Training for Individuals Who in the Course of Employment are Likely to Receive Occupational Doses of Radiation in Excess of 1 mSv (100 mrem) in a Year (Occupationally Exposed Workers) and Ancillary Personnel</p> | <p>The applicant is <i>not</i> required to, and should not, submit is training program, for individuals who in the course of employment are likely to receive occupational doses of radiation in excess of 1 mSv (100 mrem) in a year (occupationally exposed workers) and ancillary personnel, to the NRC for review during the licensing phase.</p> | <p>Need Not Be Submitted with Application</p> | |

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| Item No. and Title | Suggested Response | Yes | Alternative Procedures Attached |
|--|--|--|---------------------------------|
| 9. Facilities and Equipment | We will ensure that the location of each fixed gauge meets the Criteria in the section entitled "Facilities and Equipment" in NUREG-1556, Vol. 4, dated August 1998. | <input checked="" type="checkbox"/> | [] |
| 10. Radiation Safety Program - Audit Program | The applicant is <i>not</i> required to, and should not, submit its audit program to the NRC for review during the licensing phase. | Need Not Be Submitted with Application | |
| 10. Radiation Safety Program - Survey Instruments | <p>Surveys pursuant to 10 CFR 20.1501 will be performed by a person specifically authorized by the NRC or an Agreement State to perform these surveys.</p> <p style="text-align: center;">OR</p> <p>We will use instruments that meet the Criteria in the section entitled "Radiation Safety Program - Instruments," in NUREG-1556, Vol. 4, dated August 1998, and <i>one</i> of the following:</p> <p style="padding-left: 40px;">Each survey meter will be calibrated by the manufacturer or other person authorized by the NRC or an Agreement State to perform survey meter calibrations.</p> <p style="text-align: center;">OR</p> <p>We will implement the model survey instrument calibration program in Appendix I to NUREG-1556, Vol. 4, dated August 1998.</p> | <input checked="" type="checkbox"/> | [] |
| 10. Radiation Safety Program - Material Receipt and Accountability | Physical inventories will be conducted at intervals not to exceed 6 months or at other intervals approved by the NRC, to account for all sealed sources and devices received and possessed under the license. | <input checked="" type="checkbox"/> | [] |
| 10. Radiation Safety Program - Occupational Dosimetry | We will perform a prospective evaluation demonstrating that unmonitored individuals are not likely to receive, in one year, a radiation dose in excess of 10% of the allowable limits in 10 CFR Part 20 or we will provide dosimetry that meets the Criteria in the section entitled "Radiation Safety Program - Occupational Dosimetry," in NUREG-1556, Vol. 4, dated August 1998. | <input checked="" type="checkbox"/> | [] |

APPENDIX B

| Item No. and Title | Suggested Response | Yes | Alternative Procedures Attached |
|---|---|---|--|
| 10. Radiation Safety Program - Maintenance | <p><u>ROUTINE MAINTENANCE</u> We will implement and maintain procedures for routine maintenance of our fixed gauges according to each manufacturer's or distributor's written recommendations and instructions.</p> <p><u>NON-ROUTINE MAINTENANCE OPERATIONS</u> The gauge manufacturer, distributor or other person authorized by NRC or an Agreement State will perform non-routine operations such as installation, initial radiation survey, repair, and maintenance of components related to the radiological safety of the gauge, gauge relocation, replacement, and disposal of sealed sources, alignment, or removal of a gauge from service.</p> | <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> | <p><input type="checkbox"/></p> <p><input type="checkbox"/> The information listed in Appendix N supporting a request to perform non-routing operations in-house is attached</p> |
| 10. Radiation Safety Program - Transportation | The applicant is <i>not</i> required to submit its response to transportation during the licensing process; this issue will be reviewed during inspection. However, the licensee should develop, implement, and maintain transportation procedures according to NRC and DOT regulations. | Need Not Be Submitted with Application | |
| 10. Radiation Safety Program - Fixed Gauges Used at Temporary Job Sites | <p>This is not applicable to our program. We will not use fixed gauges at temporary job sites.</p> <p style="text-align: center;">OR</p> <p>We will develop, implement, maintain and distribute procedures that meet the Criteria in the section entitled "Radiation Safety Program - Fixed Gauges Used at Temporary Job Sites" in NUREG-1556, Vol. 4, dated August 1998.</p> | <p><input checked="" type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/></p> | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> |
| 10. Radiation Safety Program - Minimization of Contamination | The applicant is not required to submit a response to minimization of contamination if the applicant's responses meet the criteria for the following sections: Radioactive Material - Sealed Sources and Devices, Facilities and Equipment, Radiation Safety Program - Operating and Emergency Procedures, Radiation Safety Program - Leak Testing, and Waste Management - Gauge Transfer and Disposal. | Need Not Be Submitted with Application | |

APPENDIX B

| Item No. and Title | Suggested Response | Yes | Alternative Procedures Attached |
|--|--|-----|--|
| 11. Waste Management - Gauge Disposal & Transfer | The applicant is not 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. | | Need Not Be Submitted with Application |



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
612 EAST LAMAR BLVD, SUITE 400
ARLINGTON, TEXAS 76011-4125

February 28, 2011

Tesoro Hawaii Corporation
ATTN: Michael P. Mullen
Radiation Safety Officer
91-325 Komohana Street
Kapolei, HI 96707

SUBJECT: DEEMED TIMELY LETTER

We acknowledge receipt of your application dated February 4, 2011, requesting your byproduct materials license be renewed. Your application is deemed timely filed and, accordingly, the license will not expire until final action has been taken by this office.

We have completed a preliminary review of your submittal. This review was cursory in nature and should not be considered a complete technical review. A complete technical review of the submitted information will be conducted within 180 days.

Any correspondence regarding this application should reference the identifying numbers specified below. If you have questions or require clarification on any of the information stated above, we encourage you to contact us at (817) 860-8103. Thank you for your cooperation.

Sincerely,

A handwritten signature in cursive script that reads "Colleen Murnahan".

Colleen Murnahan,
Licensing Assistant
DNMS Branch-B

Docket: 030-20394
License: 53-23232-01
Control: 574441

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

Program Code: 03120
Status Code: Pending Renewal
Fee Category: 3P
Exp. Date:
Fee Comments:
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: TESORO HAWAII CORPORATION
Received Date: 02/10/2011
Docket Number: 3020394
Mail Control Number: 574441
License Number: 53-23232-01
Action Type: Renewal

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: Colleen Donnan

Date: 2-15-2011

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: _____



RECEIVED

DNMS

UNITED STATES POSTAL SERVICE
NATIONAL REGULATORY COMMISSION, REGION IV
500 SOUTH MAIN STREET, SUITE 400
ARLINGTON, TEXAS

7601-4125

