

Cassandra F. Frazier
MATERIALS LICENSING BRANCH



NUCLEAR REGULATORY COMMISSION
REGION III
2443 WARRENVILLE ROAD
LISLE, ILLINOIS 60532-4351
(630) 829-9830 FAX: (630) 515-1078

CONVERSATION RECORD**TIME****DATE**

March 27, 2012

NAME OF PERSON(S) CONTACTED | **TELEPHONE No.**
Joe, Alonzo, Corporate RSO 281-884-5142**ORGANIZATION**
Petrochem Inspection Services

SUBJECT

Petrochem Inspection Services
License No.: 42-32507-01 Control No. 576644
Amendment Request to Delete a Facility from the
license

SUMMARY

This is in regards to the license amendment request dated December 27, 2011 to remove a place of use in Midland, MI from the license. In order to complete our review of your request, we will need you to submit additional information- See attached.

If you have any questions please contact cassandra.frazier@nrc.gov or (630) 829-9830.

(Note that all correspondence provided must be dated and signed (PDF)).

REQUESTED ACTION:

Provide the requested information and reference Mail Control No. 576644 .

NAME OF PERSONS APPROVING ABOVE
ASSESSMENT**SIGNATURE**
DATE

Cassandra Frazier, Senior Health Physicist

March 27, 2012

A handwritten signature in black ink, appearing to read 'C. Frazier', written over a horizontal line.



PetroChem
Inspection Services

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From: Frazier, Cassandra [<mailto:Cassandra.Frazier@nrc.gov>]

Sent: Tuesday, March 27, 2012 10:26 AM

To: Alonzo, Joe

Subject: Close our survey information

Joe,

Please see the information below with the required information for a close-out survey. If you have any questions regarding the information, please feel free to give me a call (630) 829-9830.

FOR TERMINATION NEED 314 FORM, "CERTIFICATE OF DISPOSITION"

The survey should consist of exposure rate measurements to show that all sources of radioactive material have been removed, and contamination checks of areas where radioactive materials were used or stored. Average radiation levels associated with surface contamination and removable contaminations should not exceed those specified in the enclosed decontamination guide. Please submit the following information with your close-out survey:

- a. A history of all radionuclides used at your old facility.
- b. A current copy of the leak test results for the sealed sources used at your old facility. Also a history of leaking sealed sources (if any).
- c. A diagram of your old facility with survey and wipe test results keyed to specific locations. Please record your survey results using the appropriate units as described in 10 CFR 30.36 (j) (2) (i) (copy enclosed).
- d. The name of the person performing the survey.
- e. The date the survey was performed.
- f. The instrument(s) used for exposure rate measurements and for analysis of the wipes.
- g. Background readings.
- h. The date that the survey instrument was last calibrated.
- i. Confirm that all radioactive waste has been decayed to background radiation or has been transferred to a radioactive waste broker for disposal. Also, please specify the final disposition of the sealed sources.

Sandy

Cassandra F. Frazier

Senior Health Physicist

Materials Licensing Branch

U.S. Nuclear Regulatory Commission

Region III

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United States Nuclear Regulatory Commission

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Thank you!