LOCHNER

H.W. Lochner, Inc.
225 West Washington Street
12th Floor
Chicago, IL 60606

T 312.372.7346
F 312.372.8208

hwlochner.com

January 27, 2016

Br. 2

Licensing Assistant Section
Nuclear Materials Safety Branch
US Nuclear Regulatory Commission, Region 1
2100 Renaissance Boulevard, Suite 100
King of Prussia, PA 19406

To Whom It May Concern:

RE: License # 12-28232-01 / 03030661

Please find attached NRC Form 314 for the certificate of disposition of nuclear gauges that were moved when H.W. Lochner closed its Kansas City, Missouri location and moved to a new location in the state of Kansas as of 1/7/16. Please remove the 903 E. 104th St., Kansas City Missouri location from the above License.

Leak tests from the 7 gauges are attached as well as the license application presented to the Kansas Department of Health and Environment.

You may contact the below individual responsible for the Kansas License at the below location

Chris Flageolle
Radiation Protection Officer
H. W. Lochner, Inc.
816-945-5840
cflageolle@hwlochner.com

Questions regarding the USNRC license should be addressed to me at the following location

John Cook
RSO
H.W. Lochner, Inc.
225 W. Washington, Suite 1200
Chicago, Il 60606.
312-994-9715
jcook@hwlochner.com

Sincerely,

John K. Cook
Director of Human Resources

5-90195

NRC FORM 314
(02-2014)
10 CFR 30.36(j)(1); 40.42(j)(1); 70.38(j)(1); and 72.54(k)(5)(1)(1)

U.S. NUCLEAR REGULATORY COMMISSION

CERTIFICATE OF DISPOSITION OF MATERIALS

APPROVED BY OMB: NO. 3150-0028 EXPIRES: 02/28/2017

LICENSEE NAME AND ADDRESS	LICENSE NUMBER	DOCKET NUMBER
H.W. Lochner Inc. 225 W Washington St. Suite 1200 Chicago, IL 60606	12-28232-01	030-30661
	LICENSE EXPIRATION DATE: 04/30/2024	

A. LICENSE STATUS (Check the appropriate box)

☐ This license has expired. ☐ This license has not yet expired; please terminate it.

B. DISPOSAL OF RADIOACTIVE MATERIAL

(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)

The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:

☐ 1. No radioactive materials have ever been procured or possessed by the licensee under this license.

☑ 2. All activities authorized by this license have ceased, and all radioactive materials procured and/or possessed by the licensee under this license number cited above have been disposed of in the following manner.

☑ a. Transfer of radioactive materials to the licensee listed below:

Closed 903 E 104th St, KC, MO location, transferred to Lochner @ 16105 W113th St, Suite 107, Lenexa, KS on 1/7/16

☐ b. Disposal of radioactive materials:

☐ 1. Directly by the licensee:

☐ 2. By licensed disposal site:

☐ 3. By waste contractor:

☐ c. All radioactive materials have been removed such that any remaining residual radioactivity is within the limits of 10 CFR Part 20, Subpart E, and is ALARA.

C. SURVEYS PERFORMED AND REPORTED

☐ 1. A radiation survey was conducted by the licensee. The survey confirms:

☐ a. the absence of licensed radioactive materials

☐ b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.

☐ 2. A copy of the radiation survey results:

☐ a. is attached; or ☐ b. is not attached (Provide explanation); or ☐ c. was forwarded to NRC on: _____ Date

☑ 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and

☑ a. The results of the latest leak test are attached; and/or ☐ b. No leaking sources have ever been identified.

The person to be contacted regarding the information provided on this form:

NAME	TITLE	TELEPHONE *(Include Area Code)*	E-MAIL ADDRESS
Chris Flageolle, PE	Radiation Protection Officer	816-945-5840	cflageolle@hwlochner.com

Mail all future correspondence regarding this license to:

John Cook, RSO, H.W. Lochner, Inc. 225 W. Washington St.# 1200, Chicago, IL 60606

C. CERTIFYING OFFICIAL

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

PRINTED NAME AND TITLE	SIGNATURE	DATE
John K. Cook	John K Cook	1/27/16

WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECT. 18 U.S.C. SECTION 1001 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.

Troxler Electronic Laboratories, Inc.
3008 Cornwallis Rd., P.O. Box 12057
Research Triangle Park, NC 27709
Tel: (877) 876-9537 Fax: (866) 391-2759
License: NC 032-0182-1

RECEIVED OCT 0 9 2015

CHRIS FLAGEOLLE
H. W. LOCHNER, INC.
16105 W 113TH STREET
SUITE 107
LENEXA, KS 66219

Cust ID: 250

LEAK TEST CERTIFICATE

DEVICE:

Model: 3430 **Serial No:** 34267

SEALED SOURCES:

Serial No.	Measure Date	Nuclide	GBq	mCi
751-306	02/26/2003	Cs-137	0.296	8
47-29856	11/19/2001	Am-241:Be	1.48	40

LEAK TEST ANALYSIS:

Sample collected on: 09/23/2015

Sample analyzed on: 10/05/2015 12:26:34 P **Position:** 14

Analyzed by: EM

	ALPHA	BETA-GAMMA
Conversion factor (cpm/Bq)	1.25E+01	1.97E+01
Background measurement (cpm)	0	24
Sample measurement (cpm)	0	22
Activity (Bq)	< MDA	< MDA
Min. Detectable Activity (Bq)	3.8E-01	1.3E+00

This certifies that the leak test results are:

☑ **Less than 185 Bq (0.005 uCi)** ☐ **Greater than 185 Bq (0.005 uCi)**

Rev. 9/2006

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RECEIVED OCT 28 2015

CHRIS FLAGEOLLE
H. W. LOCHNER, INC.
16105 W 113TH STREET
SUITE 107
LENEXA, KS 66219

Cust ID: 250

LEAK TEST CERTIFICATE

DEVICE:

Model: 3430 **Serial No:** 25988

SEALED SOURCES:

Serial No.	Measure Date	Nuclide	GBq	mCi
47-22367	03/05/1996	Am-241:Be	1.48	40
75-8983	02/05/1996	Cs-137	0.296	8

LEAK TEST ANALYSIS:

Sample collected on: 10/07/2015

Sample analyzed on: 10/19/2015 1:30:47 PM **Position:** 1

Analyzed by: EM

	ALPHA	BETA-GAMMA
Conversion factor (cpm/Bq)	1.25E+01	1.97E+01
Background measurement (cpm)	0	24
Sample measurement (cpm)	1	30
Activity (Bq)	< MDA	< MDA
Min. Detectable Activity (Bq)	3.8E-01	1.3E+00

This certifies that the leak test results are:

☑ **Less than 185 Bq (0.005 uCi)** ☐ **Greater than 185 Bq (0.005 uCi)**

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License: NC 032-0182-1

E-MAILED NOV 0 6 2015

CHRIS FLAGEOLLE
H. W. LOCHNER, INC.
903 E. 104TH STREET
SUITE 800
KANSAS CITY, MO 64131

Cust ID: 250

LEAK TEST CERTIFICATE

DEVICE:

Model: 3430 **Serial No:** 25606

SEALED SOURCES:

Serial No.	Measure Date	Nuclide	GBq	mCi
47-21972	06/26/1995	Am-241:Be	1.48	40
75-8469	08/24/1995	Cs-137	0.296	8

LEAK TEST ANALYSIS:

Sample collected on: 09/23/2015

Sample analyzed on: 09/28/2015 4:01:57 PM **Position:** 49

Analyzed by: HEB

	ALPHA	BETA-GAMMA
Conversion factor (cpm/Bq)	1.25E+01	1.97E+01
Background measurement (cpm)	0	24
Sample measurement (cpm)	0	19
Activity (Bq)	< MDA	< MDA
Min. Detectable Activity (Bq)	3.8E-01	1.3E+00

This certifies that the leak test results are:

☑ **Less than 185 Bq (0.005 uCi)** ☐ **Greater than 185 Bq (0.005 uCi)**

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E-MAILED NOV 0 6 2015

CHRIS FLAGEOLLE
H. W. LOCHNER, INC.
16105 W 113TH STREET
SUITE 107
LENEXA, KS 66219

Cust ID: 250

LEAK TEST CERTIFICATE

DEVICE:

Model: 3430 **Serial No:** 25062

SEALED SOURCES:

Serial No.	Measure Date	Nuclide	GBq	mCi
47-21267	02/10/1995	Am-241:Be	1.48	40
75-7232	04/06/1995	Cs-137	0.296	8

LEAK TEST ANALYSIS:

Sample collected on: 10/07/2015

Sample analyzed on: 11/03/2015 9:46:13 AM **Position:** 7

Analyzed by: EM

	ALPHA	BETA-GAMMA
Conversion factor (cpm/Bq)	1.25E+01	1.97E+01
Background measurement (cpm)	0	24
Sample measurement (cpm)	0	29
Activity (Bq)	< MDA	< MDA
Min. Detectable Activity (Bq)	3.8E-01	1.3E+00

This certifies that the leak test results are:

☑ **Less than 185 Bq (0.005 uCi)** ☐ **Greater than 185 Bq (0.005 uCi)**

Rev. 9/2006

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License: NC 032-0182-1

E-MAILED NOV 0 6 2015

CHRIS FLAGEOLLE
H. W. LOCHNER, INC.
903 E. 104TH STREET
SUITE 800
KANSAS CITY, MO 64131

Cust ID: 250

LEAK TEST CERTIFICATE

DEVICE:

Model: 3430 **Serial No:** 34950

SEALED SOURCES:

Serial No.	Measure Date	Nuclide	GBq	mCi
77-2020	09/29/2003	Cs-137	0.296	8
47-30207	12/04/2001	Am-241:Be	1.48	40

LEAK TEST ANALYSIS:

Sample collected on: 09/23/2015

Sample analyzed on: 09/28/2015 4:00:45 PM **Position:** 48

Analyzed by: HEB

	ALPHA	BETA-GAMMA
Conversion factor (cpm/Bq)	1.25E+01	1.97E+01
Background measurement (cpm)	0	24
Sample measurement (cpm)	0	24
Activity (Bq)	< MDA	< MDA
Min. Detectable Activity (Bq)	3.8E-01	1.3E+00

This certifies that the leak test results are:

☑ **Less than 185 Bq (0.005 uCi)** ☐ **Greater than 185 Bq (0.005 uCi)**

Rev. 9/2006

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3008 Cornwallis Rd., P.O. Box 12057
Research Triangle Park, NC 27709
Tel: (877) 876-9537 Fax: (866) 391-2759
License: NC 032-0182-1

RECEIVED NOV 0 6 2015

CHRIS FLAGEOLLE
H. W. LOCHNER, INC.
16105 W 113TH STREET
SUITE 107
LENEXA, KS 66219

Cust ID: 250

LEAK TEST CERTIFICATE

DEVICE:

Model: 3430 **Serial No:** 37252

SEALED SOURCES:

Serial No.	Measure Date	Nuclide	GBq	mCi
77-4313	01/18/2006	Cs-137	0.296	8
47-27809	10/14/1998	Am-241:Be	1.48	40

LEAK TEST ANALYSIS:

Sample collected on: 09/23/2015

Sample analyzed on: 10/30/2015 11:00:58 A **Position:** 9

Analyzed by: EM

	ALPHA	BETA-GAMMA
Conversion factor (cpm/Bq)	1.25E+01	1.97E+01
Background measurement (cpm)	0	24
Sample measurement (cpm)	0	22
Activity (Bq)	< MDA	< MDA
Min. Detectable Activity (Bq)	3.8E-01	1.3E+00

This certifies that the leak test results are:

☑ **Less than 185 Bq (0.005 uCi)** ☐ **Greater than 185 Bq (0.005 uCi)**

Rev. 9/2006

Troxler Electronic Laboratories, Inc.
3008 Cornwallis Rd., P.O. Box 12057
Research Triangle Park, NC 27709
Tel: (877) 876-9537 Fax: (919) 485-2250
License: NC 032-0182-1

CHRIS FLAGEOLLE
H. W. LOCHNER, INC.
903 E. 104TH STREET
SUITE 800
KANSAS CITY, MO 64131

LEAK TEST CERTIFICATE

DEVICE:

Model: 3430 **Serial No:** 38547

SEALED SOURCES:

Serial No.	Measure Date	Nuclide	GBq	mCi
78-3284	9/11/2006	Am-241:Be	1.48	40
77-6005	10/18/2006	Cs-137	0.296	8

LEAK TEST ANALYSIS:

Sample collected on: 07/16/2015

Sample analyzed on: 07/20/2015 at 2:13:00 PM

Analyzed by: EM

	ALPHA	BETA-GAMMA
Conversion factor (cpm/Bq)	1.24E+01	1.97E+01
Background measurement (cpm)	0	24
Sample measurement (cpm)	0	27
Activity (Bq)	< MDA	< MDA
Min. Detectable Activity (Bq)	4.0E-01	1.3E+00

This certifies that the leak test results are:

☑ Less than 185 Bq (0.005 uCi) ☐ Greater than 185 Bq (0.005 uCi)

Rev. 9/2006

FORM RH-1
Rev 07/07

STATE OF KANSAS

DEPARTMENT OF HEALTH AND ENVIRONMENT

APPLICATION FOR RADIOACTIVE MATERIALS LICENSE

INSTRUCTIONS - Complete Items 1 through 16. Use supplemental sheets where necessary. Item 16 must be completed on all applications. Maintain one copy for your records and mail one copy **along with applicable fee if applying for a new license** to: Kansas Department of Health and Environment, Bureau of Environmental Health, Radiation Control Program, 1000 SW Jackson, Suite 330, Topeka, Kansas 66612-1365; Telephone: (785) 296-1560, Internet Address: http://www.kdheks.gov/radiation. Upon approval of this application, the applicant will receive a Kansas Radioactive Materials License, issued in accordance with the general requirements contained in State of Kansas, Department of Health and Environment, Radiation Protection Regulations and the Kansas Nuclear Energy Development and Radiation Control Act.

1. **(a) NAME AND STREET ADDRESS OF APPLICANT.** (Institution, firm, hospital, person, etc.) H.W. Lochner, Inc. 225 W. Washington St., 12th Flr Chicago, IL 60606	**(b) STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED.** (If different from 1(a)). 2335 E. Crawford St., Salina, KS 67401; 16105 W. 113th St., Ste. 107, Lenexa, KS 66219 Temporary Job Sites of Applicant
2. **DEPARTMENT TO USE RADIOACTIVE MATERIAL.** Construction Observation & Material Testing	3. **PREVIOUS LICENSE NUMBER(S).** (If this is an application for renewal of a license, please indicate and give number.) 22-B368-01
4. **INDIVIDUAL USER(S).** (Name and title of individual(s) who will use or directly supervise use of radioactive materials. Give training and experience in Items 8 and 9.) Radioactive material shall be used only by personnel who have completed a Kansas approved radioactive materials training course and personnel who are authorized by the Radiation Safety Officer.	5. **RADIATION PROTECTION OFFICER.** (Name of person designated as Radiation Protection Officer if other than individual user. Attach resume of training and experience as Items 8 and 9.) See Supplemental Sheet
6. **(a) RADIOACTIVE MATERIAL.** (Elements and mass number of each.) A. Cesium - 127 Sealed Source (Troxler Dwg. #A-102112) B. Americum - 241: Beryllium Sealed Source (Troxler Dwg. #A-102451) C. Americum - 241: Beryllium Sealed Source (Troxler Dwg. #A-100608	**(b) CHEMICAL AND/OR PHYSICAL FORM AND MAXIMUM QUANTITY OF EACH CHEMICAL AND/OR PHYSICAL FORM THAT YOU WILL POSSESS AT ANY ONE TIME.** (For a sealed source, provide manufacturer, model number, number of sources and maximum activity per source). A. 12 sealed sources, no single source to exceed 9 millicuries. B. 12 sealed sources, no single source to exceed 44 millicuries. C. 4 sealed sources, no single source to exceed 100 millicuries.

7. **DESCRIBE PURPOSE FOR WHICH RADIOACTIVE MATERIAL WILL BE USED.** If radioactive material is in the form of a sealed source, include the manufacturer and model number of the storage container or device in which the source will be stored and/or used.

A & B: are to be used in Troxler Electronic Labs Model 3400 series surface moisture/density gauges portable gauging devices for measuring moisture and surface density of construction materials.

C: to be used in TRoxler Electronic Labs Model 3241 Asphalt Content gauges for measuring moisture and surface density of

(Continued on reverse side)

construction materials.

TRAINING AND EXPERIENCE OF EACH INDIVIDUAL NAMED IN ITEM 4 (Use supplemental sheets if necessary).

8. **TRAINING** (Provide supporting documentation)	WHERE TRAINED	DURATION OF TRAINING	ON THE JOB (Circle answer)	FORMAL COURSE (Circle answer)
a. Principles and practices of radiation protection	Troxler Training Course	1 day	YES NO	(YES) ~~NO~~
b. Radioactivity measurements standardization and monitoring techniques and instruments			YES NO	YES NO
c. Mathematics and calculations basics to the use and measurement of radioactivity			YES NO	YES NO
d. Biological effects of radiation	Troxler Training Course	1 day	YES NO	(YES) ~~NO~~

9. EXPERIENCE WITH RADIATION (Actual use of radioisotopes or equivalent experience. Use supplemental sheets if necessary).

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Cs - 137 AM 241: Be AM 241: Be	9 mCi 44 mCi 100 mCi	on the job	Varied	Field Construction Materials Testing

10. RADIATION DETECTION INSTRUMENTS (Use supplemental sheets if necessary).

TYPE OF INSTRUMENTS (Include Manufacrurer and Model number of each)	NUMBER AVAILABLE	RADIATION DETECTED	SENSITIVITY RANGE (mr/hr)	WINDOW THICKNESS (mg/cm^2)	USE (Monitoring, Surveying, Measuring)
N/A					

11. CALIBRATIONS Describe the method, frequency and standards used in calibrating the instruments listed above or the name of the service provider.

12. PERSONNEL MONITORING Describe personnel monitoring program including the type of monitoring device, frequency of exchange, the calibration and processing procedures, or the name of the service supplier and frequency of exchange; bio-assay procedures, air monitoring, frequency and threshold.

INFORMATION TO BE SUBMITTED ON ADDITIONAL SHEETS

13. FACILITIES AND EQUIPMENT. Describe the facilities including handling equipment, storage areas, shielding, fume hoods, work stations and calculations or relevant data to support personnel monitoring described above. Attach an explanatory sketch of the facility.

14. RADIATION PROTECTION PROGRAM. Describe the radiation protection program including control measures, training, receipt and accountability of radioactive material, operation, maintenance and emergency response. If the application covers sealed sources, submit leak testing procedures including frequency, person to perform, arrangements for performing initial radiation survey, servicing, maintenance and repair of the source or device.

15. WASTE DISPOSAL. Describe the of method which will be used for disposing of radioactive wastes and estimates of the type and amount of activity involved or the name of the service provider.

CERTIFICATE

(This item must be completed by applicant)

16. THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE APPLICANT NAMED IN ITEM 1, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH STATE OF KANSAS, DEPARTMENT OF HEALTH AND ENVIRONMENT, RADIATION PROTECTION REGULATIONS AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.

Date 01/07/16

H. W. Lochner, Inc.
Applicant named in Item 1

Business ID or Federal Tax ID # 36-2338811

BY: Chris Flageolle, P.E.
Name (Please print or type)

Telephone # 816.945.5840

Signature

Email cflageolle@hwlochner.com

Radiation Protection Officer
Title of certifying official authorized to act on behalf of the applicant.

This is to acknowledge the receipt of your letter/application dated 01/27/2016, and to inform you that the initial processing which includes an administrative review has been performed.

12-28232-01 (Amendment)

[X] 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** 590195
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI)
(6-96)

Sincerely,
Licensing Assistance Team Leader