



CONVERSATION RECORD

03/08/2016

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|---|--|------------------------------------|---|
| NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU Corwin Mabery | | DATE OF CONTACT 03/08/2016 | TYPE OF CONVERSATION <input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING |
| E-MAIL ADDRESS info@davislandsurv.com | | TELEPHONE NUMBER (810) 667-6789 | |

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| ORGANIZATION Vice President Davis Land Surveying & Engineering, P.C. | DOCKET NUMBER(S) 030-37060 |
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|----------------------------------|-----------------------------|
| LICENSE NUMBER(S) 21-32603-01 | CONTROL NUMBER(S) 588969 |
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SUBJECT
Additional Information Requested for License Renewal Application

SUMMARY
During our review of your license renewal application dated September 1, 2015, it appeared that your application had not been completely prepared in accordance with the guidance in NUREG 1556, Vol. 1, Rev. 1, "Consolidated Guidance about Materials Licenses: Program-Specific Guidance about Portable Gauge Licenses, dated November 2001." This could potentially make your license more restrictive.

1. Please review the attached license application checklist and please resubmit your application using the guidance in the checklist.
2. Based on our conversation, you would like to change the radiation safety officer listed on your license. To add this person to your license, please provide their name, training records and a delegation of authority. A sample delegation of authority is attached.
3. Based on our conversation, no radioactive material is being stored at 6973 Walter St, Brown City, Michigan location. To remove this location from your license, please provide the most current leak test results so that we may verify that there have been no leaking sources at that location

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ACTION REQUIRED (IF ANY)
Please submit your response by March 18, 2016 and reference it to my attention as "additional information to control number 588969" to facilitate proper handling in our office. Your response must be currently dated and signed. If you have any questions or require clarification of any of the information stated above, please do not hesitate to contact me at 630-829-9607

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter and its enclosure will be available electronically for public inspection in the NRC Public Document Room or from the NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html>.

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NAME OF PERSON DOCUMENTING CONVERSATION
Jennifer L. Bishop

SIGNATURE

Appendix B

Suggested Format for Providing Information Requested in Items 5 through 11

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: _____ 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) |
| | | 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 <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) |

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 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 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 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. | <input 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 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 type="checkbox"/> <input 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 type="checkbox"/> | <input type="checkbox"/> The information in Appendix J supporting a request to perform leak testing and sample analysis is attached. |

Attachment 1

Model Delegation of Authority:

Memo To: Radiation Safety Officer
From: Chief Executive Officer
Subject: Delegation of Authority

You, _____, have been appointed Radiation Safety Officer and are responsible for ensuring the safe use of radiation. You are responsible for managing the Radiation Protection Program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of byproduct material by employees who do not meet the necessary requirements and shutting down operations where justified to maintain radiation safety. You are required to notify management if staff does not cooperate and does not address radiation safety issues. In addition, you are free to raise issues with the Nuclear Regulatory Commission at any time. It is estimated that you will spend ___ hours per week conducting radiation protection activities.

Signature of Management Representative

Date

I accept the above responsibilities,

Signature of Radiation Safety Officer

Date

cc: Affected department heads