



**UNITED STATES  
NUCLEAR REGULATORY COMMISSION**

REGION III  
2443 WARRENVILLE RD. SUITE 210  
LISLE, IL 60532-4352

April 20, 2017

Walter J. Schell, P.E.  
County Highway Engineer  
Macomb County Department of Roads  
117 S. Groesbeck Highway  
Mount Clemens, MI 48043

Dear Mr. Schell:

We have reviewed your amendment request for the NRC License No. 21-15686-01. Before we can take further action, we will need the following additional information.

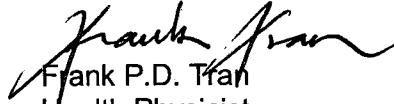
- 1) A copy of the Delegation of Authority for the Radiation Safety Officer (RSO). (A sample is enclosed for your reference.)
- 2) NUREG-1556, Volume 1, Revision 2, provides the acceptance criteria for the training of the RSO. One of the criteria is the completion of the hands on training. However, we have not received the hands on training information for Mr. Adam J. Newton. Please provide information showed that Mr. Newton has completed 1.5 to 2 hours of practical training, to include portable gauge theory, operating procedures, emergency procedures, security, maintenance, and transportation procedures; and field training emphasizing radiation safety, including dry runs of setting up and making measurements with the gauge, controlling and maintaining surveillance over the portable gauge, performing routine cleaning and lubrication, packaging and transporting the gauge, storing the gauge, and following emergency and security procedures. This training should be provided by the named RSO or user(s) who met the criteria listed in the Appendix C of NUREG-1556, Volume 1, Revision 2.

For your reference, NUREG-1556, Volume 1, Revision 2 is available on the NRC's website at <https://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v1>

To continue review of your amendment request, we request that you submit your written response to this letter by May 19, 2017. Your response must be dated and signed by authorized personnel and please refer Mail Control Number 593111 in your response to facilitate proper mail handling in our office. To expedite the licensing process, you could fax your response to 630-515-1078 or scan and email your response as a pdf file to [frank.tran@nrc.gov](mailto:frank.tran@nrc.gov). If you have any questions or require clarification on any of the information stated above, please do not hesitate to contact me at 630-829-9887 or [frank.tran@nrc.gov](mailto:frank.tran@nrc.gov).

In accordance with Title 10 Code of Federal Regulations 2.390 of the U.S. Nuclear Regulatory Commission's (NRC) "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>.

Sincerely,

A handwritten signature in black ink, appearing to read "Frank P.D. Tran", with a stylized flourish at the end.

Frank P.D. Tran  
Health Physicist  
Materials Licensing Branch

License No. 21-15686-01  
Docket No. 030-09582

## Model Delegation of Authority to RSO

Memo To: Radiation Safety Officer

From: Chief Executive Officer (or designee)

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, when 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 U.S. 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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

I accept the above responsibilities,

\_\_\_\_\_  
Signature of Radiation Safety Officer

\_\_\_\_\_  
Date

**cc: Affected department heads**