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(3-80)	OHM NRC-313 I U.S. NUCLEAR REGULATORY COMMISSION 3-801 0 CFR 30  APPLICATION FOR BYPRODUCT MATERIAL LICENSE INDUSTRIAL			1. APPLICATION FOR: (Check and/or complete as appropriate) 030 - 17990  x a. NEW LICENSE		
See attached instructions for details.				b. AMENDMENT TO:		
iffice of A	Juclear Material Safe	d in duplicate with the Division of F sty, and Safeguards, U.S. Nuclear Reg lications may be filed in person at the n. D. C. or 7915 Eastern Avenue, Sil	e Commission's office at	c. RENEWAL OF: LICENSE NUMBER		
APPLIC	ANT'S NAME (Institu	ution, firm, person, etc.)	3. NAME AND TITLE OF PERS REGARDING THIS APPLICATION Dean A. William	ATION		
Agri-Labs, Inc.  TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION 219-546-2606			TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION			
APPLIC:	ANT'S MAILING AD to which NRC corre- te sent.) Agri- 1115 W.	Spandence, notices, bulletins, etc.,  s, Inc., North St., In. 46506	5. STREET ADDRESS WHERE (Include Zip Code) At ad and at temporary jo	dress listed in Item 4 b sites throughout the USNRC maintains jurisduct materials.		
		ACE IS NEEDED FOR ANY ITEM	The second secon	The state of the s		
. INDIV	IDITAL (S) WHO W	ULL USE OR DIRECTLY SUPER	VISE THE USE OF LICENSE	DMATERIAL		
/See /te	Married Street, Street	uited training and experience of each in	X Daniel Delivery	TITLE		
Dean	A. Villiams	PRECEIVED	President an	d Manager		
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b.		APR 0 6 1981	-8	Date. 42		
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. RADIA	TION PROTECTION A. Williams	DIGS NICLEAR REGULATORS FORMATS FOR	Attach a resume of person's tra 16 and 17 and describe his resp	ining and experience to Supply of 1974		
r. RADIA		DEFICER DESCRIPTIONS OF THE PROPERTY OF THE PR	Attach a resume of person's tra 16 and 17 and describe his resp'	ining and experience as out of the installities under Item 15.  Orig. T. J. A.C. (1997)		
. RADIA		B. LICENS CHEMICAL AND/OR PHYSICAL FORM	ED MATERIAL  NAME OF MANUFACTURE AND MODEL NUMBER (If Sealed Course)	nsibilities under Item 75.  Orig. To M.  MAXIMUM NUMBER OF MILLICURIES AND MAXIMUM ACT		
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T. RADIA Dean  L	A. Williams  ELEMENT AND MASS NUMBER  A  AM 241 : Be	B. LICENS CHEMICAL AND/OR PHYSICAL FORM  B Sealed Source  DESCRIBE USE O	Attach a resume of person's tra 16 and 17 and describe his resp'  ED MATERIAL  NAME OF MANUFACTURE AND MODEL NUMBER (If Sealed Course)  C as per Troxler Drawing #A-102700	In and experience by a supply of the subdities under Item 15.  Orig. To M.  R MAXIMUM NUMBER OF WILLICURIES AND MAXIMUM ACT VITY PER SOURCE WHICH WILL BE POSSESSED AT ANY ONE THE DOSSESSED AT ANY		
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FORM NRC 313 I (3-80)

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Depth moisture grage  Troxler Electronics  3221,7222,322 3225,3226,322  1031  1040  10. RADIATION DETECTION INSTRUMENTS  TYPE MANUFACTURERS MODEL NUMBER AVAILABLE DETECTED SETUPLY. PROPERTY OF COUNTY MAME NUMBER AVAILABLE DEPOSITION SENSITIVITY RANGE INSTRUMENTS  B C D STORAGE AUGUST COMPANY ALECT SETUPLE AND AUGUST COUNTY MAME, ADDRESS, AND FREQUENCY  Not applicable  11. CALIBRATION OF INSTRUMENTS LISTED IN ITEM 10  12. CALIBRATED BY SERVICE COMPANY ALECT SETUPLE AND AUGUST COUNTY MAME, ADDRESS, AND FREQUENCY  Not applicable  12. PERSONNEL MONITORING DEVICES  TYPE  15. CALIBRATED BY SERVICE COMPANY ALECT SETUPLE AUGUST COUNTY AUGUST AUGUS	NE	CONTAINER AND/OR DEVICE IN WHICH EACH SEALED SOURCE WILL BE STOKED OR USED.		NAME OF MANUFACTURER			
13. PERSONNEL MONITORING DEVICES  TYPE MANUFACTURES MODEL NUMBER AVAILABLE DETECTED SUPPLIER  SUPPLIER  TYPE MANUFACTURES NUMBER AVAILABLE DETECTED SUPPLIER  SUPPLIER  TO BE C D SUPPLIER  THE SUPPLIER  TYPE Check and/or complete as appropriate D Supplier as appropriate District Company  TYPE (Check and/or complete as appropriate)  TYP	(1)	Depth moisture guage .					3221,3222,3223
10. RADIATION DETECTION INSTRUMENTS  TYPE ON NAME NUMBER N							
10. RADIATION DETECTION INSTRUMENTS  TYPE OF MANUFACTURER'S MODEL NUMBER AVAILABLE DETECTED RANGE (militroentpershour or countriminate)  None  11. CALIBRATION OF INSTRUMENTS LISTED IN ITEM 10  12. CALIBRATED BY SERVICE COM" ANY NAME, ADDRESS, AND FREQUENCY Attach a separate sheet describing method, frequency and standards used for calibrating instruments.  12. PERSONNEL MONITORING DEVICES  TYPE (Check aiddor complier as appropriate)  12. PERSONNEL MONITORING DEVICES  SUPPLIER (Bervice Company)  13. FACILITIES AND EQUIPMENT (Check were appropriate and attach annotated sketch(es) and description(s).  14. L'ABGRATORY FACILITIES, PLANT FACILITIES, FUME HOODS (Include bitration, if any), ETC.  15. FACILITIES AND EQUIPMENT (Check were appropriate and attach annotated sketch(es) and description(s).  15. FACILITIES AND EQUIPMENT (Check were appropriate and attach annotated sketch(es) and description(s).  16. CALIBRATED BY APPLICATION.  17. PERSONNEL MONITORING DEVICES  SUPPLIER (Bervice Company)  EXCHANGE FREQUENCY  C  C  C  C  C  C  C  C  C  C  C  C	(31						
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Not applicable  12. PERSONNEL MONITORING DEVICES  TYPE (Check and/or complete as appropriate.)  R.S. LANDAUER, JR. AND COMPANY Glenwood Science Park Glenwood, Illinois 60425  Telephone 312-755-7000  13. FACILITIES AND EQUIPMENT (Check were appropriate and attach annotated sketch(es) and description(s).  14. LABORATORY FACILITIES, PLANT FACILITIES, FUME HOODS (Include filtration, if any), ETC.  15. REMOTE HANDLING TOOLS C: COURMENT, ETC.  16. REMOTE HANDLING TOOLS C: COURMENT, ETC.  17. RESPIRATORY PROTECTIVE EQUIPMENT, ETC.  18. LANDAUER JR. AND DESCRIPTION OF METHODS WHICH WILL BE USEC FOR DISPOSAL SERVICE EMPLOYED.  19. DOMMERCIAL WASTE DISPOSAL SERVICE IS NOT EMPLOYED, SUBMIT A DETAILED DESCRIPTION OF METHODS WHICH WILL BE USEC FOR DISPOSING OF RADIOACTIVE WASTES AND DEVICES AND THEY WILL BE RETURNED TO THE MANUFACTURER, S OSTATI	. a. I	CALIBRATED BY SER	IVICE COMPANY			THE RESERVE AND ADDRESS OF THE PARTY OF THE	
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## INFORMATION PEQUIRED FOR ITEMS 15, 16 AND 17

Describe in detail the information required for Items 15, 16 and 17. Begin each item on a separate page and key to the application as follows:

- 15. RADIATION PROTECTION PROGRAM. Describe the radiation protection program as appropriate for the material to be used including the duties and responsibilities of the Radiation Protection Officer, control measures, bioassay procedures (if needed), day-to-day general safety instruction to be followed, etc. If the application is for sealed source's also submit leak testing procedures, or if leak testing will be performed using a leak test kit, specify manufacturer and model number of the leak test kit.
- 16. FORMAL TRAINING IN RADIATION SAFETY. Attach a resume for each individual named in Items 6 and 7. Describe individual's formal training in the following areas where applicable. Include the name of person or institution providing the training, duration of training, when training was received, etc.
  - e. Principles and practices of radiation protection.
  - Radioactivity measurement standardization and monitoring techniques and instruments.
  - Mathematics and calculations basic to the use and measurement of radioactivity.
  - d. Biological effects of radiation.
- 17. EXPERIENCE. Attach a resume for each individual named in Items 6 and 7. Describe individual's work experience with radiation, including where experience was obtained. Work experience or on-the-job training should be commensurate with the proposed use. Include list of radioisotopes and maximum activity of each used.

## 18. CERTIFICATE

(This item must be completed by applicant)

The applicant and any official executing this certificate on behalf of the applicant named in Item 2, certify that this application is prepared in conformity with Title 10, Code of Federal Regulations, Part 30, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

a. LICENSE FEE REQUIRED (See Section 170.31, 10 CFR 170)	b. CERTIFYING OFFICIAL (Signature)		
\$110.00	c. NAME (Type or print) DEAN A. WILLIAMS		
(1) LICENSE FEE CATEGORY: New License	d. TITLE PRES.		
(2) LICENSE FEE ENCLOSED: \$ \$110.00	e. DATE 3-9-81		

FORM NRC-313 (3-80)