

# Saint Augustine Preparatory School



Conducted by  
*The Augustinians*

8005080 638

RICHLAND, NEW JERSEY 08350 ~ (609) 697-2600

March 3, 1980

RE: DOCKET #30-07013 Subject:Expired License No.(Materials Only) 29-13084-01

Robert O. McClintock, Chief  
Materials Radiological Protection  
631 Park Ave.  
King of Prussia, Pa.

Dear Mr. McClintock,

Thank you for your letter of February 28, 1980. Enclosed find the information you requested.

Sincerely,

*Joseph Mancuso*  
Joseph Mancuso  
Sci. Dept.

FORM NRC-313 I (1-79) 10 CFR 30		U.S. NUCLEAR REGULATORY COMMISSION		1. APPLICATION FOR: <i>(Check and/or complete as appropriate)</i>	
<b>APPLICATION FOR BYPRODUCT MATERIAL LICENSE INDUSTRIAL</b>				a. NEW LICENSE	
See attached instructions for details.  Completed applications are filed in duplicate with the Division of Fuel Cycle and Material Safety, Office of Nuclear Material Safety, and Safeguards, U.S. Nuclear Regulatory Commission, Washington, DC 20555 or applications may be filed in person at the Commission's office at 1717 H Street, NW, Washington, D. C. or 7915 Eastern Avenue, Silver Spring, Maryland.				b. AMENDMENT TO: LICENSE NUMBER	
				c. RENEWAL OF: LICENSE NUMBER ✓ 27-13034-01	
2. APPLICANT'S NAME <i>(Institution, firm, person, etc.)</i>  ST AUGUSTINE PREPARATORY SCHOOL  TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION (609) 697-2600			3. NAME OF PERSON TO BE CONTACTED REGARDING THIS APPLICATION  REV. STEPHEN LA ROSA OSA  TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION (609) 697-2600		
4. APPLICANT'S MAILING ADDRESS <i>(Include Zip Code)</i>  N CEDAR AVE RICHLAND NJ 08350			5. STREET ADDRESS WHERE LICENSED MATERIAL WILL BE USED <i>(Include Zip Code)</i>  N CEDAR AVE RICHLAND NJ 08350		
(IF MORE SPACE IS NEEDED FOR ANY ITEM, USE ADDITIONAL PROPERLY KEYED PAGES.)					
6. INDIVIDUAL(S) WHO WILL USE OR DIRECTLY SUPERVISE THE USE OF LICENSED MATERIAL <i>(See Items 16 and 17 for required training and experience of each individual named below)</i>					
FULL NAME			TITLE		
a. MR JOSEPH MANCUSO			SCIENCE DEPARTMENT CHAIRMAN		
b.					
c.					
7. RADIATION PROTECTION OFFICER			Attach a resume of person's training and experience as outlined in Items 16 and 17 and describe his responsibilities under Item 15.		
8. LICENSED MATERIAL					
LINE NO.	ELEMENT AND MASS NUMBER  A	CHEMICAL AND/OR PHYSICAL FORM  B	NAME OF MANUFACTURER AND MODEL NUMBER <i>(If Sealed Source)</i>  C	MAXIMUM NUMBER OF MILLICURIES AND/OR SEALED SOURCES AND MAXIMUM ACTI- VITY PER SOURCE WHICH WILL BE POSSESSED AT ANY ONE TIME  D	
(1)	CESIUM 137		RADIATION MACHINERY	400 CURIES	
(2)			CORP 1028 GAMMATOR 50B		
(3)					
(4)					
DESCRIBE USE OF LICENSED MATERIAL E					
(1)	DEVICE IS A GAMMA IRRADIATOR CONTAINING A SEALED SOURCE COMPLETELY SHIELDED.				
(2)	TO BE USED FOR EDUCATIONAL DEMONSTRATIONS AND LABORATORY EXPERIMENTS IN BIOLOGY/				
(3)	GENERAL SCIENCE. MANUFACTURERS RECOMMENDATIONS AND OPERATING INSTRUCTIONS WILL BE FOLLOWED.				
(4)					

### 9. STORAGE OF SEALED SOURCES

LINE NO.	CONTAINER AND/OR DEVICE IN WHICH EACH SEALED SOURCE WILL BE STORED OR USED. A.	NAME OF MANUFACTURER B.	MODEL NUMBER C.
(1)	MODEL 1028 GAMMATOR 50B	RADIATION MACHINERY CORP	MODEL 1028
(2)			
(3)			
(4)			

### 10. RADIATION DETECTION INSTRUMENTS

LINE NO.	TYPE OF INSTRUMENT A	MANUFACTURER'S NAME B	MODEL NUMBER C	NUMBER AVAILABLE D	RADIATION DETECTED (alpha, beta, gamma, neutron) E	SENSITIVITY RANGE (milliroentgens/hour or counts/minute) F
(1)	OCD SURVEY	VICTOREEN	6B	1	BETA/GAMMA	MR/HR
(2)						
(3)						
(4)						

### 11. CALIBRATION OF INSTRUMENTS LISTED IN ITEM 10

<input type="checkbox"/> a. CALIBRATED BY SERVICE COMPANY NAME, ADDRESS, AND FREQUENCY	<input type="checkbox"/> b. CALIBRATED BY APPLICANT <i>Attach a separate sheet describing method, frequency and standards used for calibrating instruments.</i>
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### 12. PERSONNEL MONITORING DEVICES

TYPE (Check and/or complete as appropriate.) A	SUPPLIER (Service Company) B	EXCHANGE FREQUENCY C
<input type="checkbox"/> (1) FILM BADGE  <input type="checkbox"/> (2) THERMOLUMINESCENCE DOSIMETER (TLD)  <input type="checkbox"/> (3) OTHER (Specify): _____  		<input type="checkbox"/> MONTHLY  <input type="checkbox"/> QUARTERLY  <input type="checkbox"/> OTHER (Specify): _____  

### 13. FACILITIES AND EQUIPMENT (Check were appropriate and attach annotated sketch(es) and description(s).)

- ☐ a. LABORATORY FACILITIES, PLANT FACILITIES, FUME HOODS (Include filtration, if any), ETC.  
☐ b. STORAGE FACILITIES, CONTAINERS, SPECIAL SHIELDING (fixed and/or temporary), ETC.  
☐ c. REMOTE HANDLING TOOLS OR EQUIPMENT, ETC.  
☐ d. RESPIRATORY PROTECTIVE EQUIPMENT, ETC.

### 14. WASTE DISPOSAL

- a. NAME OF COMMERCIAL WASTE DISPOSAL SERVICE EMPLOYED **N/A (NONE INVOLVED)**
- b. IF COMMERCIAL WASTE DISPOSAL SERVICE IS NOT EMPLOYED, SUBMIT A DETAILED DESCRIPTION OF METHODS WHICH WILL BE USED FOR DISPOSING OF RADIOACTIVE WASTES AND ESTIMATES OF THE TYPE AND AMOUNT OF ACTIVITY INVOLVED. IF THE APPLICATION IS FOR SEALED SOURCES AND DEVICES AND THEY WILL BE RETURNED TO THE MANUFACTURER, SO STATE.