

Inst. 19329
030-30860

FORM NRC-313 I (3-80) 10 CFR 30 U.S. NUCLEAR REGULATORY COMMISSION

1. APPLICATION FOR: (Check and/or complete as appropriate)

APPLICATION FOR BYPRODUCT MATERIAL LICENSE INDUSTRIAL

X **B. 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

2. APPLICANT'S NAME (Institution, firm, person, etc.)

ROCKWELL INTERNATIONAL CORPORATION

TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION
412-439-7700

3. NAME AND TITLE OF PERSON TO BE CONTACTED REGARDING THIS APPLICATION

RICHARD C. GOMRICK

TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION
412-439-7700

4. APPLICANT'S MAILING ADDRESS (Include Zip Code) (Address to which NRC correspondence, notices, bulletins, etc., should be sent.)

Bailey & Gallatin Ave.
Uniontown, PA 15401

5. STREET ADDRESS WHERE LICENSED MATERIAL WILL BE USED (Include Zip Code)

Bailey & Gallatin Avenue
Uniontown, PA 15401

(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 (See Items 16 and 17 for required training and experience of each individual named below)

FULL NAME	TITLE
a. David C. Estill CQE	Quality Assurance Engineer
b.	
c.	

7. RADIATION PROTECTION OFFICER

David C. Estill

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

L I N E N O.	ELEMENT AND MASS NUMBER	CHEMICAL AND/OR PHYSICAL FORM	NAME OF MANUFACTURER AND MODEL NUMBER (If Sealed Source)	MAXIMUM NUMBER OF MILLICURIES AND/OR SEALED SOURCES AND MAXIMUM ACTIVITY PER SOURCE WHICH WILL BE POSSESSED AT ANY ONE TIME
	A	B	C	D
(1)	Pm - 147	sealed source	Twin City Inter. 66 Pc - Pm 147	one source of Log 600 microcuries
(2)				Remitter Check No. 762121995 / 762123378
(3)	9001240134 890710 REG 1 LIC30	PDR		Amount \$ 110 + \$ 120 Fee Category 3P Type of Fee A.P.P.
(4)				Date Check Rec'd. 11/9/88 Date Completed 12/6/88 By: S. Kambhly
DESCRIBE USE OF LICENSED MATERIAL				
(1)	Coating thickness measurements using beta backscatter technique. * Refunded \$230. voided. 7/10/89			
(2)				
(3)				
(4)	OFFICIAL RECORD COPY ML10			

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)	Measuring system or pencil probe used in conjunction with TC-2600 Betascope	Twin City International	TC-2600
(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)	N/a					
(2)						
(3)						
(4)						

11. CALIBRATION OF INSTRUMENTS LISTED IN ITEM 10

<input type="checkbox"/> a. CALIBRATED BY SERVICE COMPANY NAME, ADDRESS, AND FREQUENCY N/a	<input type="checkbox"/> b. CALIBRATED BY APPLICANT Attach a separate sheet describing method, frequency and standards used for calibrating instruments. N/a
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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 N/a <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 where appropriate and attach annotated sketch(es) and description(s).)

<input type="checkbox"/> a. LABORATORY FACILITIES, PLANT FACILITIES, FUME HOODS (include filtration, if any), ETC. <input type="checkbox"/> b. STORAGE FACILITIES, CONTAINERS, SPECIAL SHIELDING (fixed and/or temporary), ETC. <input type="checkbox"/> c. REMOTE HANDLING TOOLS OR EQUIPMENT, ETC. <input type="checkbox"/> d. RESPIRATORY PROTECTIVE EQUIPMENT, ETC. N/a

14. WASTE DISPOSAL

a. NAME OF COMMERCIAL WASTE DISPOSAL SERVICE EMPLOYED N/a
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. Source will be returned to manufacturer per prescribed procedure,

INFORMATION REQUIRED 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.
 - a. Principles and practices of radiation protection.
 - b. Radioactivity measurement standardization and monitoring techniques and instruments.
 - c. 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.

WARNING.—18 U.S.C., Section 1001; Act of June 25, 1948; 62 Stat. 749; 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.

a. LICENSE FEE REQUIRED
(See Section 170.31, 10 CFR 170)

\$110.00

b. CERTIFYING OFFICIAL *(Signature)*

David C. Estill

c. NAME *(Type or print)*
DAVID C. ESTILL

(1) LICENSE FEE CATEGORY: II

d. TITLE
Quality Assurance Engineer

(2) LICENSE FEE ENCLOSED: \$ 110.00

e. DATE
Oct 12, 1988

ITEM 15

Radiation Protection Program

Leak testing of the Pm-147 sealed source will be performed using a Mark-V leak test kit supplied by Applied Health Physics Inc. Leak tests will be submitted to the same for evaluation every six months. All leak test records and certifications will be kept on file by the radiation protection officer.

Applied Health Physics, Inc.
2986 Industrial Blvd.
Bethel Park, PA 15102

Analytical instruments using the sealed source will be located in a single room in Rockwell International's Quality Assurance Department. Traffic through this room is limited and appropriate signs will be posted.

When not in use, the sealed source will remain in the analytical instrument. Appropriate physical damage and air draft protection will be provided.

Disposal of the sealed source will be a trade for replacement with the sealed source supplier, Twin City International, Inc.. No more than two Pm-147 sealed sources will be in Rockwell International's Uniontown plant at one time.

Twin City International, Inc.
175 Pineview Drive, Amherst, NY
P.O. Box 248
Tonawanda, NY 14151-0248

Procedure Approval:

Signature

Date

Facilities Mgr.

R. Marshak 10/6/88

Safety Officer

R. L. Cornick

Quality Assurance Mgr.

John J. Griffin 10/6/88

Radiation Protection Officer

David C. Estill Oct 5, 1988

ITEM 16

FORMAL TRAINING IN RADIATION SAFETY

David C. Estill

Chemical-Biological-Radiological Defence School
U. S. Army, Aniston, Alabama. 1964

C.B.R. Defence N.C. Officer
U. S. Army, Detroit, Michigan 1964-7

B.A. Physics
Ohio Northern University, Ada, Ohio 1971

Formerly employed with industrial and medical X-ray
and nuclear scan manufacturers. 1972-3 and 1979-82



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

OCT - 2 1988

Rockwell International Corporation
ATTN: R. Marshelik
Bailey and Gallatin Avenues
Uniontown, PA 15401

REFUND OF APPLICATION FEE

1. BACKGROUND:

Check Received October 21, 1988
Application Dated October 12, 1988
Check Numbers 76123378 and 762121995
Check Amount \$120 and \$110 (totalling \$230)

2. REFUND:

Amount \$230

This refund is now being processed by the Financial Operations Branch and will be sent as soon as possible.

3. REASON FOR REFUND:

No Licensing action required for October 12, 1988 request for a materials license.

NOTE: THE ENCLOSED 10 CFR 170 CONTAINS THE COMMISSION'S CURRENT SCHEDULE OF MATERIALS LICENSE FEES. IF YOU HAVE ANY QUESTIONS CONCERNING THE FEES TO BE SUBMITTED WITH FUTURE APPLICATIONS, PLEASE CONTACT US AT 301-492-4650.

15/ *9/29/89*
Glenda Jackson, Chief
Materials License Fee Section
License Fee and Debt
Collection Branch, OC/DAF

Enclosure: 10 CFR 170