

030-31008  
Inst. 23737

L&L

NRC Form 313 I (12-81) 10 CFR 30 U.S. NUCLEAR REGULATORY COMMISSION

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

**APPLICATION FOR BYPRODUCT MATERIAL LICENSE INDUSTRIAL**

a. NEW LICENSE  X

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.)  
Ideal Forging Corporation  
TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION  
203-621-0133

**3. NAME AND TITLE OF PERSON TO BE CONTACTED REGARDING THIS APPLICATION** Q.C. Manager  
James R. Oberholtzer Metallurgist  
TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION  
203-621-0133

**4. APPLICANT'S MAILING ADDRESS** (Include Zip Code)  
(Address to which NRC correspondence, notices, bulletins, etc., should be sent.)  
167 Center Street  
Southington, CT 06489

**5. STREET ADDRESS WHERE LICENSED MATERIAL WILL BE USED**  
(Include Zip Code)  
217 Center Street  
Southington, CT 06489

(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. James Simone, Jr.	President
b. James R. Oberholtzer	Q.C. Manager/Metallurgist
c.	

**7. RADIATION PROTECTION OFFICER**  
Steven D. Lasek  
Attach a resume of person's training and experience as outlined in Items 16 and 17 and describe his responsibilities under Item 15.  
Q.C. Engineer

**8. LICENSED MATERIAL**

L I N E NO.	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)	Cd-109	Elemental Cd	Any of the following: IPL No. XFB NEN No. NER-465 Amersham No. CUC.D1	3 sources of 8 mCi each
(2)	Am-241	Americium Oxide	Any of the following: IPL No. GFS NEN No. NER-478 Amersham No. AMC64	3 sources of 8 mCi each
(3)	9001260089 890410			
(4)	REG1 LIC30 06-23737-01	PDR		

**DESCRIBE USE OF LICENSED MATERIAL**  
E

(1)

(2) The device is to be used in a KEVEX Energy Dispersive X-Ray Analyzer to provide a source of x-ray energy to fluoresce x-rays from a sample for the purpose of alloy sorting and identification and for quantitative chemical analysis.

(3) License Fee Information

(4) ML10 on page 3.

9. STORAGE OF SEALED SOURCES

P. 2

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)	Source Housing	KEVEX Corporation	0202
(2)	Source Housing	KEVEX Corporation	0202
(3)			
(4)			

10. RADIATION DETECTION INSTRUMENTS

LINE NO.	TYPE OF INSTRUMENT A.	MANUFACTURER'S NAME E.	MODEL NUMBER C.	NUMBER AVAILABLE D.	RADIATION DETECTED (alpha, beta, gamma, neutron) E.	SENSITIVITY RANGE (milliroentgens/hour or counts/minute) F.
(1)	None					
(2)						
(3)						
(4)						

11. CALIBRATION OF INSTRUMENTS LISTED IN ITEM 10

<input type="checkbox"/> a. CALIBRATED BY SERVICE COMPANY NAME, ADDRESS, AND FREQUENCY  Not applicable	<input type="checkbox"/> b. CALIBRATED BY APPLICANT Attach a separate sheet describing method, frequency and standards used for calibrating instruments.  Not applicable
---	---

12. PERSONNEL MONITORING DEVICES

TYPE (Check and/or complete as appropriate.) A.	SUPPLIER (Service Company) B.	EXCHANGE FREQUENCY C.
<input checked="" type="checkbox"/> (1) FILM BADGE  <input type="checkbox"/> (2) THERMOLUMINESCENCE DOSIMETER (TLD)  <input type="checkbox"/> (3) OTHER (Specify): _____ _____ _____	Health Physics Services Siemens Gammasonics 2000 Nuclear Drive Des Plaines, ILL 60018	<input checked="" 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).)

- 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

---

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.

Disposal of source will be provided by KEVEX Corporation.

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.

Log	716.17
Remitter	
Check No.	16786
Amount	\$ 230
Fee Category	3P
Type of Fee	APP
Date Check Rec'd	2/21/89
Date Completed	2/21/89
By:	A. Kimberly

18. CERTIFICATE

(This item must be completed by applicant)

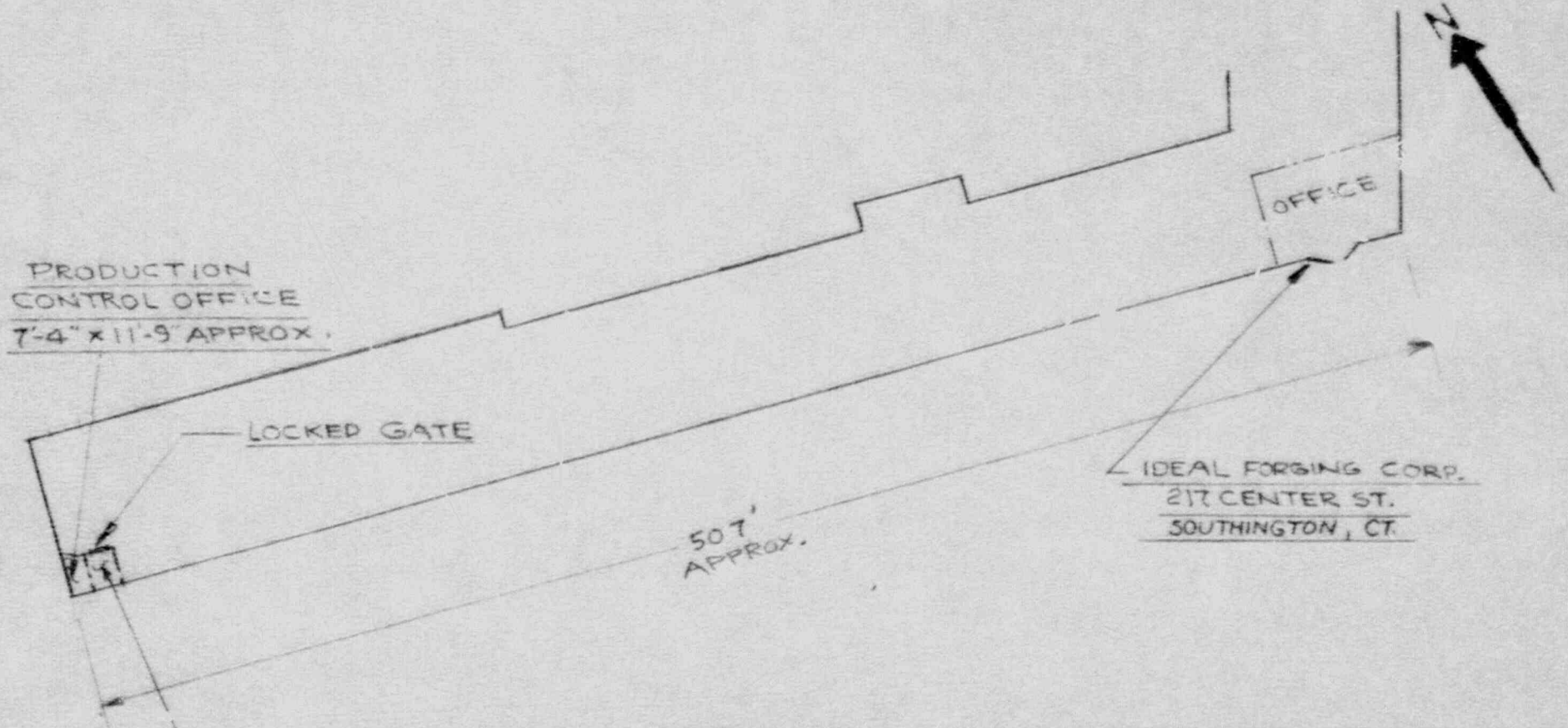
The applicant and any official executing this certificate on behalf of the applicant named in Item 2, certify that this application is prepared in conformity with Title 10, Code of Federal Regulations, Part 30, and that all information contained herein, including any supplements attached hereto, is true 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)  \$230.00	b. CERTIFYING OFFICIAL (Signature) <i>John A. Susco</i>
	c. NAME (Type or print) John A. Susco
(1) LICENSE FEE CATEGORY: 3P	d. TITLE Treasurer
(2) LICENSE FEE ENCLOSED: \$ 230.00	e. DATE February 15, 1989

DATE	BY	REVISION RECORD	DR	CK

- ② SOUTH WALL - CONCRETE EXTERIOR WALL
- ③ NORTH & EAST WALL - METAL MESH WALLS  
APPROX. 8' HIGH - PERMANENTLY INSTALLED.  
ONE LOCKING GATE ON NORTH WALL



- ① CONSTRUCTION WEST WALL SOLID WALL  
OF PRODUCTION CONTROL WITH  
VIEWING WINDOW.

TOLERANCES (EXCEPT AS NOTED)	IDEAL FORGING CORP.		
	DECIMAL	SCALE 1" = 60'	DRAWN BY JD
FRACTIONAL	TITLE PROPOSED LIMITED ACCESS ROOM	APPROVED BY	
ANGULAR	DATE 2-13-89	DRAWING NUMBER	
±		KEVEX ROOM	

BRUNING 40-21

15. Radiation Protection Program

- a. Source(s) will be kept installed in instrument at all times except when removed by manufacturer's service engineer. If removed, the source will be kept in a locked cabinet marked "CAUTION-RADIOACTIVE MATERIAL". The instrument the source is installed in will be clearly marked the same way with approved labeling.
- b. The Radiation Protection Officer will maintain all records of area monitoring and film badge exposures. The RPO will safeguard and not open any box containing a source delivered to the site. The manufacturer's service engineer will open the package, install the source and perform initial radiation survey. He will also perform all service, repairs, or replacement of the source and will be responsible for disposal of spent devices.
- c. Leak tests will be performed semi-annually by the manufacturer's service engineer or by Ideal Forging Corporation's Radiation Detection Officer using Kevex leak test kit model #KVX-L-Test using analysis performed by Kevex Corporation.

16. Formal Training in Radiation Safety

a. James Simone Jr.

Will read "Radiation Safety Guide" published by Kevex and all Operator's Manuals. Kevex personnel will provide orientation program covering Items 16 a-d upon installation of system at our site.

b. James R. Oberholtzer

Will read "Radiation Safety Guide" published by Kevex and all Operator's Manuals. Kevex personnel will provide orientation program covering Items 16 a-d upon installation of system at our site.

B.S. in Metallurgical Engineering - Lehigh University 1959

c. Steven D. Lasek

Will read "Radiation Safety Guide" published by Kevex and all Operator's Manuals. Kevex personnel will provide orientation program covering Items 16 a-d upon installation of system at our site.

17. Experience

- a. James Simone, Jr. - no prior experience with radiation.
- b. James R. Oberholtzer - no prior experience with radiation.
- c. Steven D. Lasek - no prior experience with radiation.

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: \_\_\_\_\_  
Status Code: 3  
Fee Category: \_\_\_\_\_  
Exp. Date: 0  
Fee Comments: \_\_\_\_\_

LICENSE FEE TRANSMITTAL

A. REGION 1

APPLICATION ATTACHED

Applicant/Licensee: IDEAL FORGING CORP.  
Received Date: 890216  
Docket No: 3031008  
Control No.: 120761  
License No.: \_\_\_\_\_  
Action Type: New Licensee

2. FEE ATTACHED

Amount: \$23000  
Check No.: 18156

3. COMMENTS

Signed R. Spackard  
Date 2/17/88

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered )

1. Fee Category and Amount: 3P 8230

2. Correct Fee Paid. Application may be processed for:

Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License  \_\_\_\_\_

OTHER \_\_\_\_\_

Signed B. Kimberly  
Date 2/21/89