

Apr 5 I
3P
107052

Note To: License Fee Management Section, ADM
From: Region 1
Subject: VOIDED APPLICATION

Control Number 107052

Applicant E. I. Du Pont De Nemours + Co. Inc

Date Voided 4/21/87

Reason for Void:
Gauge he is requesting is already on his license,
per Tom Thompson

Brenda
Signature

6/30/88
Date

Attachment:
Official Record Copy
of Voided Action

ORLPMB -

CONVERSATION RECORD

TIME

0950

DATE

4/21/87

TYPE

VISIT

CONFERENCE

TELEPHONE

INCOMING

OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

John Bertels

ORGANIZATION (Office, dept., bureau, etc.)

E.I. Du Pont

TELEPHONE NO.

302
629-1389

SUBJECT

030-03865

Key Gauge requested is already authorized.

SUMMARY

Told Mr. Bertel the gauge he is requesting is already authorized on his license. He concurred.

ML10

"OFFICIAL RECORD COPY"

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

Thomas E. Thompson

DATE

4/21/87

ACTION TAKEN

SIGNATURE

TITLE

DATE



ESTABLISHED 1802

E. I. DU PONT DE NEMOURS & COMPANY
INCORPORATED

SEAFORD PLANT
SEAFORD, DELAWARE 19973

CC: P. G. Hawkinson - M & L - L11W15
G. E. Hipps
J. R. Reagan
W. A. N. Severance - Eng. - L5144

TEXTILE FIBERS DEPARTMENT

April 1, 1987

U.S. Nuclear Regulatory Commission
Region I
631 Park Avenue
King of Prussia, PA 19406

Gentlemen:

NRC LICENSE 07-03744-01

Attached are two copies of Form NRC-313 (1) requesting amendment to License Number 07-03744-01 in order to include two additional level measurement devices.

Material: Cesium 137 Sealed Source, No Source to
Kay Ray Model Exceed 130 mCi

Use: Used in Kay Ray Model 7063 source holders to measure level of process material.

Also attached is a check in the amount of \$60.00 covering fees for this amendment.

Please forward the license to my attention.

Sincerely,

John H. Bertels
Radiation Protection Officer

License Fee Information
on Application

JHB:bwh

Attach.
Doc. 1.61

"OFFICIAL RECORD COPY"

107052

ML18

APR 03 1987

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

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 07-03744-01

c. RENEWAL OF LICENSE NUMBER

2. APPLICANT'S NAME (Institution, firm, person, etc.) E. I. DUPONT DE NEMOURS & CO., INC.
TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION (302) 629-1474

3. NAME AND TITLE OF PERSON TO BE CONTACTED REGARDING THIS APPLICATION JOHN H. BERTELS
TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION (302) 629-1474

4. APPLICANT'S MAILING ADDRESS (Include Zip Code) (Address to which NRC correspondence, notices, bulletins, etc., should be sent.) SEAFORD NYLON PLANT SEAFORD, DELAWARE 19973

5. STREET ADDRESS WHERE LICENSED MATERIAL WILL BE USED (Include Zip Code) E. I. DUPONT DE NEMOURS & CO., INC. SEAFORD NYLON PLANT SEAFORD, DELAWARE 19973

(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. JOHN A. MC DONALD	DAY SUPERVISOR
b.	
c.	

7. RADIATION PROTECTION OFFICER JOHN H. BERTELS - RPO

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)	CESIUM 137	SEALED SOURCE	KAY RAY 7063	50 MCI (NOT TO EXCEED 130 MILLICURIES)
(2)	CESIUM 137	SEALED SOURCE	KAY RAY 7063	100 MCI (NOT TO EXCEED 130 MILLICURIES)
(3)				
(4)				

DESCRIBE USE OF LICENSED MATERIAL

(1)	LEVEL MEASUREMENT	<p>107052</p> <p>APR 13 1987</p> <p>Check No. 357-16203</p> <p>Fee Collected \$ 60</p> <p>Type of License Amendment</p> <p>Date Given Issued 4/13/87</p> <p>Date Completed 4/13/87</p> <p>By: S. Kimberly</p>
(2)	LEVEL MEASUREMENT	
(3)		
(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)	SEALED SOURCE HOUSING	KAY RAY	7063
(2)	SEALED SOURCE HOUSING	KAY RAY	7063
(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)	SURVEY METER	EBERLINE	E120	THREE	GAMMA	0 TO 50 MR/HOUR
(2)	SURVEY METER	NUCLEAR CHICAGO	2650	ONE	GAMMA	0 TO 100 MR/HOUR
(3)						
(4)						

11. CALIBRATION OF INSTRUMENTS LISTED IN ITEM 10

<input type="checkbox"/> a. CALIBRATED BY SERVICE COMPANY NAME, ADDRESS, AND FREQUENCY RAD SERVICE INC. 2045 ROUTE 286 PITTSBURGH, PA 15239	<input checked="" type="checkbox"/> CALIBRATED AT 6 MONTH INTERVALS OR AFTER SERVICING	<input type="checkbox"/> b. CALIBRATED BY APPLICANT Attach a separate sheet describing method, frequency and standards used for calibrating instruments.
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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): _____ _____ _____	SIEMENS	<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.
- N/A

14. WASTE DISPOSAL

a. NAME OF COMMERCIAL WASTE DISPOSAL SERVICE EMPLOYED
ADCO SERVICE COMPANY

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

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.

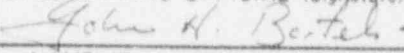
17. **EXPERIENCE.** Attach a resume for each individual named in Items 6 and 7. Describe individual's work experience with radiation, including where experience was obtained. Work experience or on-the-job training should be commensurate with the proposed use. Include list of radioisotopes and maximum 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 <i>(See Section 170.31, 10 CFR 170)</i> 170.31 I	b. CERTIFYING OFFICIAL <i>(Signature)</i>  c. NAME <i>(Type or print)</i> JOHN H. BERTELS
(1) LICENSE FEE CATEGORY: AMEND LICENSE	d. TITLE RADIATION PROTECTION OFFICER
(2) LICENSE FEE ENCLOSED: \$ 60.00	e. DATE 4/1/87

03 00 3865-

BETWEEN: William O. Miller, Chief
License Fee Management Branch
Office of Administration

03120
5/88

John E. Glenn, Chief
Nuclear Materials Section B
Division of Engineering and
Technical Programs

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: E. I. DuPont De Nemours + Company
Application Dated: 4/1/87
Control No.: 107052
License No.: 07-03744-01

2. FEE ATTACHED

Amount: \$ 60.00
Check No.: 357-16203

3. COMMENTS

Signed Brenda Blatch
Date 4/6/87

B. LICENSE FEE MANAGEMENT BRANCH

1. Fee Category and Amount: SP \$ 60

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

Amendment ✓
Renewal _____
License _____

Signed J. Kimberly
Date 4/13/87