

VOID SHEET

TO: License Fee Management Branch  
FROM: RTI  
SUBJECT: VOIDED APPLICATION

Control Number: 253232  
Applicant: Tator American Univ.  
Date Voided: 12/13/90  
Reason for Void: application dated 1/7/90  
withdrawn after review (milestone 4 = 8/6/90)

Oran C. Heum  
Signature Date

Attachment:  
Official Record Copy of  
Voided Action

FOR LFMB USE ONLY

Final Review of VOID Completed:

- Refund Authorized and processed
- No Refund Due
- Fee Exempt or Fee Not Required

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Log completed   
Processed by: Heum 12/13/90

ML20



Inter American University of Puerto Rico  
San Germán Campus

Department of Mathematics & Physical Sciences

November 7, 1990

Mr. John Pelchat  
Radiation Specialist  
Nuclear Materials Safety Section  
Nuclear Regulatory Commission  
101 Marietta Street, N.W.  
Atlanta, Georgia 30323

Dear Mr. Pelchat,

Pursuant to our telephone conversation of November 6, 1990 we formally request that our current license application under control number 253232 be voided. We also request that our control number be left active for a period of one year, in the event that we decide to reactivate our application.

Thanking you for all of your time and the assistance you have given us, I remain

Sincerely yours,

William P. Stephens, Ph.D.  
Associate Professor of Chemistry  
Department Chairman

nrb

RECEIVED  
90 DEC 20 P2:38  
U.S. MAIL  
FREE MAIL

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM  
AND  
REGIONAL LICENSING SECTIONS

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----  
: PROGRAM CODE: -----  
: STATUS CODE: 3  
: FEE CAT 3DRY: -----  
: EXP. DATE: 0  
: FEE COMMENTS: -----  
: !!!

LICENSE FEE TRANSMITTAL

A. REGION IV

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: INTER AMERICAN UNIV.-SAN GERMAN  
RECEIVED DATE: 900130  
DOCKET NO: 3031496  
CONTROL NO.: 253232  
LICENSE NO.:  
ACTION TYPE: NEW LICENSEE

2. FEE ATTACHED

AMOUNT: 160<sup>00</sup>  
CHECK NO.: 100296

3. COMMENTS

SIGNED \_\_\_\_\_  
DATE 1/31/90

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED)

1. FEE CATEGORY AND AMOUNT: 3m (\$700)

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:  
AMENDMENT -----  
RENEWAL -----  
LICENSE -----

3. OTHER -----  
-----

SIGNED \_\_\_\_\_  
DATE 1/31/90

FORM NRC 913 (1-78)  
10 CFR 10

U.S. NUCLEAR REGULATORY COMMISSION

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

APPLICATION FOR BYPRODUCT MATERIAL LICENSE  
INDUSTRIAL

X 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 1117 H Street, NW, Washington, DC 20540, 2010 Eastern Avenue, Silver Spring, Maryland.

b. AMENDMENT TO LICENSE NUMBER

c. RENEWAL OF LICENSE NUMBER

2. APPLICANT'S NAME (Institution, firm, person, etc.)  
Inter American University-San Germán  
(809) 892-1095

3. NAME OF PERSON TO BE CONTACTED REGARDING THIS APPLICATION  
Dr. Feder Jo Matheu  
(809)892-1095, 208 ext.

TELEPHONE NUMBER - AREA CODE - NUMBER EXTENSION

4. APPLICANT'S MAILING ADDRESS (Include Zip Code)  
Inter American University of PR  
Call Box 5100  
San Germán, P.R. 00753

5. STREET ADDRESS WHERE LICENSED MATERIAL WILL BE USED (Include Zip Code)  
Inter American University,  
San Germán Campus  
San Germán, PR 00753

(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. Deig Nevy Sandoval	Associate Professor
b.	
c.	

7. RADIATION PROTECTION OFFICER  
Deig Nevy Sandoval

Attach a resume of person's training and experience as outlined in items 16 and 17 and describe his responsibilities under item 18.

B. LICENSED MATERIAL

LINE 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
(1)	210Pb, 232U, 229Th, 208Po	1 or 4N, HCl	National Bureau	1mCi in
(2)	242Pu, 147Cd, 241Am	or HNO3	Of Standards	any of them
(3)	55Fe, 109Cd, 241Am	Solid and	Isotope Products	
(4)	ANULAR SOURCE	Sealed	Co, California	25mCi

DESCRIBE USE OF LICENSED MATERIAL

(1) (See attached form)

(2)

(3)

(4)

Log *Let 1*

Remitter *Inter American Univ of PR*

Check No. *M. 030296*

Amount *\$ 750*

Fee Category *3-m*

Type of Fee *APP*

Date Check Rec'd. *2/12/90*

Date Completed *2/13/90*

BY: *ccr*

9. STORAGE OF SEALED SOURCES

LINE NO.	CONTAINER AND/OR DEVICE IN WHICH EACH SEALED SOURCE WILL BE STORED OR USED	NAME OF MANUFACTURER	MODEL NUMBER
A	B	C	D
(1)	3'x3', 3' Square Lead Box of 5 centimeters thickness.	Custom made see sketch attached	
(2)	x-Ray Kit (with <sup>244</sup> Cm Source plus six forgets)	Isotope Products Laboratories	X-KIT 2
(3)	Annual Source holders for ( <sup>241</sup> Am, <sup>55</sup> Fe and <sup>109</sup> Cd)	Isotope Products Laboratories	AN-241-5, AN-108-10 AND AN-55-25
(4)			

10. RADIATION DETECTION INSTRUMENTS

LINE NO.	TYPE OF INSTRUMENT	MANUFACTURER'S NAME	MODEL NUMBER	NUMBER AVAILABLE	RADIATION DETECTED (alpha, beta, gamma, neutron)	SENSITIVITY RANGE (milliroentgens/hour or counts/minute)
A	B	C	D	E	F	
(1)	Radiological Survey Meter	The Victoreen Instrument Co.	OCDM, CDV-700 Model #6	1	beta, gamma x-Rays	0.5 milliroentgens per hour.
(2)	Survey Geiger Counter	LUDLUM Measurements	Model #3 Serial: 2614	1	beta, gamma x-Rays	0.01 milliroentgens per hour.
(3)	Survey Counter	BICRON	Model: SUR-50	1	beta, gamma, x-rays	0 to 40000 cpm
(4)			with PRO-5			

11. CALIBRATION OF INSTRUMENTS LISTED IN ITEM 10

a. CALIBRATED BY SERVICE COMPANY  
 NAME, ADDRESS AND FREQUENCY  
 LUDLUM MEASUREMENTS, INC.  
 Sweetwater, Texas. Once a year.

b. CALIBRATED BY APPLICANT  
 Attach a separate sheet describing method, frequency and standards used for calibrating instruments.

12. PERSONNEL MONITORING DEVICES

TYPE (Check one or complete as appropriate)	SUPPLIER (Service Company)	EXCHANGE FREQUENCY
A	B	C
<input checked="" type="checkbox"/> (1) FILM BADGE	Tech/Ops Landauer, Inc. 2 Science Road Glenwood, Illinois 60425-1586	<input checked="" type="checkbox"/> MONTHLY
<input type="checkbox"/> (2) THERMOLUMINESCENCE DOSEMETER (TLD)		<input type="checkbox"/> QUARTERLY
<input type="checkbox"/> (3) OTHER (Specify) _____		<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 \_\_\_\_\_



**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)	b. CERTIFYING OFFICIAL (Signature) 
New License      \$700	c. NAME (Type or print) Dr. Federico Matheu
(1) LICENSE FEE CATEGORY      M	d. TITLE Chancellor
(2) LICENSE FEE ENCLOSED \$700	e. DATE 12-4-89