

NRC Form 313R (4-82) 10 CFR 34	U.S. NUCLEAR REGULATORY COMMISSION APPLICATION FOR BYPRODUCT MATERIAL LICENSE— USE OF SEALED SOURCES IN RADIOGRAPHY	Approved by OMB 3150-0023 Expires 12-31-84
--------------------------------------	---	--

(SEE ATTACHED NRC FORM 313R INSTRUCTIONS AND NRC REGULATORY GUIDE 10.6—USE SUPPLEMENTAL SHEET WHERE NECESSARY) BE SURE ALL ITEMS ARE COMPLETED AND THAT ALL NECESSARY ATTACHMENTS ARE FURNISHED. IF ANY PORTION OF THE APPLICATION IS NOT APPLICABLE SPECIFICALLY SO STATE. DEFICIENT OR INCOMPLETE APPLICATIONS MAY BE RETURNED WITHOUT CONSIDERATION. LICENSE FEE REQUIRED, SEE ITEM 7 OF INSTRUCTIONS.

1(a) NAME AND ADDRESS OF APPLICANT AND TELEPHONE NUMBER Lehigh Testing Laboratories, Inc. 4029 New Castle Avenue PO Box 1241 Wilmington, DE 19899 1(b) TELEPHONE NO.: Area Code (302) 655 7358	2. THIS IS AN APPLICATION FOR: (Check appropriate item) A. <input type="checkbox"/> NEW LICENSE B. <input type="checkbox"/> AMENDMENT TO LICENSE NO. _____ C. <input checked="" type="checkbox"/> RENEWAL OF LICENSE NO. 07-01173-03
1(c) APPLICANT IS: An individual <input type="checkbox"/> A partnership <input type="checkbox"/> A Corporation <input checked="" type="checkbox"/> An Unincorporated Association <input type="checkbox"/> Other <input type="checkbox"/> If applicant is other than an individual, the applicable section on the reverse side must be completed.	3. LOCATION(S) WHERE SEALED SOURCES WILL BE USED AND/OR STORED. (If use will be made in states other than named in 1(a), they should be listed here.) At 4027 New Castle Ave. and at temporary job sites of applicant in DE, PA, NJ, MD

4. SEALED SOURCES TO BE USED IN RADIOGRAPHY (Attach supplementary pages, if necessary)

BYPRODUCT MATERIAL (Element and Mass No.)	SOURCE MODEL NUMBER	NAME OF MANUFACTURER	MAXIMUM ACTIVITY PER SOURCE	NUMBER OF SOURCES
A. Iridium-192	A. A-424-9	A. Tech/Ops	A. 100 Ci + 20%	A. five
B. Cesium-137	B. None	B. Eon Corp.	B. <10 micro Ci	B. one
C. Cesium-137	C. 77302	C. Tech/Ops	C. Approx. 165 milli Ci	C. one

5(a) RADIOGRAPHIC EXPOSURE DEVICES (Attach supplementary pages, if necessary)

MODEL NUMBER	NAME OF MANUFACTURER (Include description if custom made)
A. Model 660	A. Tech/Ops, Inc.
B. Pocket Dosimeter Calibrator	B. Eon Corp.
C. Survey Meter Calibrator Model 773	C. Tech/Ops

Date: 12/7/83
Log: Dec 1 Renewal
By: Brown

5(b) RADIOGRAPHIC SOURCE CHANGERS (Attach supplementary pages, if necessary)

MODEL NUMBER	NAME OF MANUFACTURER (Include description if custom made)
A. Model 414	A. Tech/Ops, Inc.
B. Model 650	B. Tech/Ops, Inc.
C.	C.

Orig. To: _____
Action Compl: 12/7/83

6. THE FOLLOWING INFORMATION IS ATTACHED AS A PART OF THIS APPLICATION: (Check appropriate blocks and attach information called for in the instructions with this form.)

	Not Applicable	Attached	RSM	Previously Submitted
(a) Description of radiographic facilities (Instruction 6-a)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sec. 1.7	<input type="checkbox"/> on (DATE)
(b) Description of radiation detection instruments to be used (Instruction 6-b)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sec. 1.6	<input type="checkbox"/> on (DATE)
(c) Instrument calibration procedures (Instruction 6-c)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sec. 3.4	<input type="checkbox"/> on (DATE)
(d) Personnel monitoring equipment (Instruction 6-d)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sec. 1.5	<input type="checkbox"/> on (DATE)
(e) Operating and emergency procedures (Instruction 6-e)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sec. 2 (all)	<input type="checkbox"/> on (DATE)
(f) Training program (Instruction 6-f)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sec. 3.1	<input type="checkbox"/> on (DATE)
(g) Internal inspection system or other management control (Instruction 6-g)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sec. 3.2	<input type="checkbox"/> on (DATE)
(h) Overall organizational structure (Instruction 6-h)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sec. 1.3	<input type="checkbox"/> on (DATE)
(i) Leak testing procedures (Instruction 6-i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sec. 2.6, 4	<input type="checkbox"/> on (DATE)

Applicant: _____
Check No. 1185
Amount, Fee \$460
Type of Fee Renewal
To Check No. 127/83
Signed by Brown

CERTIFICATE (This item must be completed by applicant)

7. THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE APPLICANT NAMED IN ITEM 1, 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.

LICENSE FEE ENCLOSED \$ 460.00

DATE November 30, 1983

BY: Leonard A. Weston
(Signature)
Leonard A. Weston
(Type or print name of certifying official)
Vice President & General Manager
(Title of certifying official)

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.

8410030279 840819
NMS LIC30
07-01173-03 PDR

"OFFICIAL RECORD COPY"
ML10

16383
16383

LEGAL STRUCTURE OF APPLICANT

If applicant is a corporation, complete Items 8 through 11; if applicant is a partnership, complete Items 12 through 14; if applicant is an unincorporated association or a legal entity other than a partnership or corporation, complete Items 15 and 16. Attach separate sheets where space provided proves inadequate.

CORPORATION

8. STOCK OF APPLICANT CORPORATION

NO. OF SHARES AUTHORIZED	NO. OF SHARES ISSUED	NO. OF SHARES SUBSCRIBED	TOTAL NUMBER OF:	
			(a) Stockholders	(b) Subscribers
Class A (Voting) 500 shares	276 shares	None	One	None
Class B (Non- voting) 2,250 shares	1,744 shares			

9. Is applicant corporation directly or indirectly controlled by another corporation or other legal entity?

YES ☒NO ☐

If answer is "YES" give name and address of other corporation or other legal entity and describe how such control exists and the extent thereof.

Lehigh is a wholly-owned subsidiary of Massachusetts Materials Research, Inc.,
241 W. Boylston St., W. Boylston, MA 01583

10. (a) Identify by name and address any individual, corporation, or other legal entity (1) owning 10 percent or more of the stock of applicant corporation issued and outstanding or (2) subscribing to 10 percent or more of the authorized but unissued stock of the corporation.

(b) Identify by name and address all officers and directors of the corporation.

See RADIATION SAFETY MANUAL APPENDIX (A)

11. Identify the State, District, Territory, or possession under the laws of which the applicant is incorporated.

DELAWARE

PARTNERSHIP

12. Name and address of each individual or legal entity owning a partnership interest in the applicant.

NA

13. State the percent of ownership of the applicant partnership held by each of the individuals or legal entities listed in Item 12.

14. Identify the State, District, Territory, or possession under the laws of which the applicant partnership is organized.

OTHER

15. Describe the nature of the applicant and identify the State, District, Territory, or possession under the laws of which it is organized.

NA

16. State the total number of members or persons holding an ownership in the applicant, identify each by name and address, and indicate the ownership interest thereof.