

15 AUG 1984

Docket No. 030-22011
Control No. 02598

Bioran Medical Laboratory
ATTN: Robert E. Meehan
Vice President of Administration
415 Massachusetts Avenue
Cambridge, Massachusetts 02139

Gentlemen:

This is in reference to your application dated June 11, 1984, for a byproduct material license. In order to continue our review, we need the following additional information:

1. Submit the characteristics of the incinerator such as height of the stack, height of end distance to buildings in the surrounding areas, rated airflow of the incinerator in cubic feet per hour or similar units and its proximity to any air intake ducts.
2. State specifically the isotopes and the maximum amount of each isotope that you wish to incinerate per burn. For the combination of isotopes listed, submit calculations to demonstrate that the following conditions have been met:
 - A. The gaseous effluent from the incinerator stack should not exceed the limits specified for air Appendix B, Table II, 10 CFR Part 20 when averaged over a 24 hour period.
 - B. In order to be in compliance with ALARA philosophy stated in section 20.1(c), 10 CFR Part 20, the gaseous effluent from the incinerator stack should be a fraction (approximately 10%) of the limits specified for air in Appendix B, Table II, 10 CFR Part 20, when averaged over a period of one year.

If more than one isotope is involved, your calculations must follow the "sum of ratios" method in the "Note" at the end of Appendix B, 10 CFR Part 20.

3. State the maximum number of burns to be performed in any one week and the maximum number of burns per year.
4.
 - A. Describe your method for measuring or estimating the concentration of radioactive material remaining in the ash residue. Unless you present scientific evidence to the contrary, you must use the most conservative assumption.
 - B. Submit your procedures for collection, handling and disposal of the ash residue, include radiation safety precautions to be observed.

OFFICIAL RECORD COPY

241DAVIS8/13/84 - 0001.0.0
08/15/84

8412120050 841126
NMS LIC30
20-20732-01 PDR

ML 14

15 AUG 1984

Bioran Medical Laboratory

2

5. Describe procedures to be followed to minimize exposure to personnel during all phases of the operation, including instruction given to personnel handling the combustibles and the ash.
6. Submit evidence (e.g., copies of outgoing and incoming letters) to show that all State and local jurisdictions have been notified of your plans to incinerate radioactive waste and have no objection to them.
7. In Item 15. of your application, "RIA WIPE TEST FOR ^{125}I ," you did not specify the frequency for performing the wipe test and the type of action taken when positive results are obtained. Please submit this information.

We will continue our review upon receipt of this information. Please reply in duplicate to my attention at the Region I office and refer to Mail Control No. 02598.

Sincerely,

Original Signed By:

Jack Davis
Jack Davis
Nuclear Materials Section A
Division of Engineering and
Technical Programs

RI:DETP
Davis/cop
8/15/84

OFFICIAL RECORD COPY

241DAVIS8/13/84 - 0002.0.0
08/15/84

ML 18