

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814
(916) 445-0931



March 12, 1985

Chman
Cool Water Coal Gasification 8146

Program

Attn: Wayne N. Clark
Program Manager

P.O. Box 267
Daggett, CA 92327

Gentlemen:

This is to acknowledge receipt of your request to register generally licensed device(s) containing radioactive material per 17 CAC 30192(c).

Presently, the California Department of Health Services is revising the process to register generally licensed devices in California. This letter will serve as a temporary notice of registration during the interim period.

Sincerely,

Steven R. Eckberg
Senior Health Physicist
Radioactive Materials Licensing
Radiologic Health Branch

9901140299 850312
PDR RC *
SSD PDR

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NE03



COOL WATER COAL GASIFICATION PROGRAM

GL
Registrant

P.O. Box 267
Daggett, CA 92327

February 7, 1985

Telephone
(619) 254-2992

8146

CWCG - 18.2
Registration of Radiation
Sources

34-00693-046

D

State of California
Department of Health Services
Radiologic Health Section
P.O. Box 1525
Sacramento, CA 95807

Dear Sir:

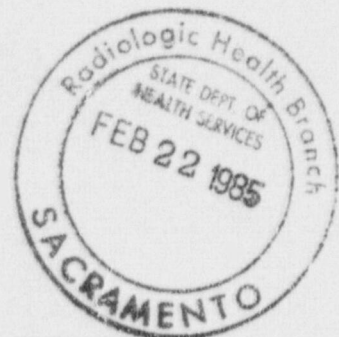
Find attached one original and one copy of Form RH2261
"Registration of Radiation Sources."

Very truly yours,

Wayne N. Clark
Program Manager

Attachment

BKS055/jfm



Please read instructions on reverse
before completing

Prepare a separate set of registration forms
for each installation (location).

Submit original and duplicate copy. Retain
triplicate copy for your own records.

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
P.O. Box 1525
Sacramento, California 95807

This space for Department
of Health Services use only

REGISTRATION OF RADIATION SOURCES

A. IDENTIFICATION

1. COOL WATER COAL GASIFICATION PROGRAM
NAME OF PERSON OR ORGANIZATION POSSESSING RADIATION SOURCE

2. NA
PREVIOUS REGISTRATION NUMBER (IF ANY)

3. 37072 E. Santa Fe Rd. Daggett 92327 San Bernardino
LOCATION OF INSTALLATION - NUMBER AND STREET CITY ZIP CODE COUNTY

4. 619-254-2992 5. Electrical generation
TELEPHONE NUMBER NATURE OF BUSINESS OR PROFESSIONAL SPECIALTY

6. P. O. Box 267 Daggett 92327
MAILING ADDRESS (IF DIFFERENT FROM ABOVE) CITY ZIP CODE STATE (IF NOT CALIFORNIA)

B. GENERALLY LICENSED DEVICES

List any generally licensed radioactive materials
subject to the registration requirements: (See instructions)

No. of Devices	Type of Device	General License Number (enter number shown on label of device)
6	Ohmart Densart Series 3400 Meters	34-00639-036

C. RADIATION MACHINES: Show the number of machines of each
type you possess. If a single x-ray tube is used for two or more
of the following purposes show it in each applicable item.

		Number of Machines
Radiographic X-ray	Medical (including chiropractic and podiatry)	1
	Dental	2
	Veterinary	3
	Industrial	4
	Other	5
Fluoroscopic X-ray	Medical (including chiropractic and podiatry)	6
	Veterinary	7
	Industrial	8
	Other	9
Therapeutic X-ray (Including Grenz ray)	Medical	500 Kv or less over 500 Kv
	Veterinary	10
Other Radiation Producing Machines	Accelerators (non human use)	11
	Electron microscopes	12
	X-ray diffraction units	13
	Other (list below or on a separate sheet)	14

D. When did you acquire the radiation
sources reported on this
form?

8-83

E. REGISTRATION FEE

1. ENTER TOTAL NUMBER OF RADIATION MACHINES HERE:

Enter each X-ray tube as a separate machine. Do not count a
single X-ray tube more than once. (Section C does not have
to add to this total.)

2. ENTER FEE CHARGE HERE:

3. ENTER REGISTRATION FEE NOW DUE HERE:

Multiply total number of machines in Box 1 by
fee charge in Box 2. Pay this amount when
filing your registration. Checks or money
orders should be made payable to: "California
Department of Health Services".

Mail the original and one copy of the completed
Report to:

State of California
Department of Health Services
Radiologic Health Section
P.O. Box 1525
Sacramento, CA 95807

W. N. Clark

NAME OF PERSON COMPLETING THIS FORM

Area Code(619) 254-2992

TELEPHONE NUMBER

2-7-85

DATE

GENERAL INFORMATION

1. Registration Requirement

Every person possessing a reportable source of radiation must register with the State Department of Health Services within 30 days of acquiring each such source. All registrations must be renewed biennially, during the month of July of every even numbered year.

2. Reportable Sources -- Radiation Machines

Radiation machines which require registration include RADIOGRAPHIC AND FLUOROSCOPIC X-RAY UNITS, X-RAY THERAPY UNITS, ACCELERATORS, ELECTRON MICROSCOPES, X-RAY DIFFRACTION UNITS, AND SIMILAR RADIATION PRODUCING MACHINES. Devices which depend on radioactive materials as the sole source of radiation are not considered radiation machines.

3. Notification of Status Change

If you (1) change your name or address, (2) change location of your radiation installation, (3) sell, transfer, or dispose of a reportable radiation source(s), or (4) acquire additional radiation machine(s), the State Department of Health Services must be notified within 30 days on Form RH 2281.

Form RH 2281 may be obtained by requesting it in writing from the Department of Health Services, Radiologic Health Section, 714 P Street, Sacramento, CA 95814 or telephone (916) 445-6256.

If there is a loss or theft of a reportable radiation source, the Department must be notified immediately. Call (916) 445-6256.

INSTRUCTIONS FOR COMPLETION OF RADIATION SOURCE REGISTRATION FORM

SECTION A

- Item 1 Print or type the legal name of the registrant.
- Item 2 Enter your registration number (if known) if you have previously been assigned a registration number for this installation.
- Item 3 Show the location of the radiation source installation. A separate registration is required for each installation. (An installation is a location where one or more sources of radiation are kept.) If a radiation source is used at more than one location, show the installation where it is usually used or stored. Where applicable, show the room number or building designation also.
- Item 4 Show the telephone number where someone familiar with the installation may be reached.
- Item 5 Show the nature of business or professional speciality of the registrant at this installation.
- For example:

Radiologist	Veterinarian	Food Processing Plant
Oral Surgeon	Gynecologist	Orthodontist
Chiropractor	Private Hospital	M.D. (General Practice)

- Item 6 Show the *mailing address* of the registrant if you do not wish correspondence mailed to the location address shown in Item 3.

SECTION B Generally licensed devices subject to registration are those devices containing radioactive materials which are covered by Section 30192(c) of the California Radiation Control Regulations. Show the number and type of such devices and enter the license number indicated on the label of the device. *DO NOT* list radiation machines or specifically licensed radioactive materials in this section.

SECTION C Show the number of radiation machines of each type. If a machine is used for more than one purpose, show it in each applicable space.

If you have any radiation machines for which there is no specific listing in Section C, show as "other radiation producing machines." Describe such machines, using a separate sheet of paper, if necessary.

SECTION D Show the date you acquired the radiation sources being reported.

SECTION E In most cases, the items in Section C will add to this total. In cases where a single x-ray tube is used for more than one purpose, this number may be less than the total of Section C.