

NRC Form 313 I (12-81) 10 CFR 30		U.S. NUCLEAR REGULATORY COMMISSION	
APPLICATION FOR BYPRODUCT MATERIAL LICENSE INDUSTRIAL		1. APPLICATION FOR: <i>(Check and/or complete as appropriate)</i>	
<i>See attached instructions for details.</i> 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.		<input type="checkbox"/> a. NEW LICENSE	
		<input type="checkbox"/> b. AMENDMENT TO: LICENSE NUMBER	
		<input checked="" type="checkbox"/> c. RENEWAL OF: LICENSE NUMBER X 25-19379-01	
2. APPLICANT'S NAME <i>(Institution, firm, person, etc.)</i> Williston Basin Interstate Pipeline Company TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION (406) 365-5251		3. NAME AND TITLE OF PERSON TO BE CONTACTED REGARDING THIS APPLICATION Bob Feisthamel - Lab Supervisor TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION (406) 365-5251	
4. APPLICANT'S MAILING ADDRESS <i>(Include Zip Code)</i> <i>(Address to which NRC correspondence, notices, bulletins, etc., should be sent.)</i> Box 131 - 313 W. Valentine Glendive, MT 59330		5. STREET ADDRESS WHERE LICENSED MATERIAL WILL BE USED <i>(Include Zip Code)</i> 340 Clough Street Glendive, MT 59330	
(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 <i>(See Items 16 and 17 for required training and experience of each individual named below)</i>			
FULL NAME		TITLE	
a. Dean Johnson		Gas Conditioning Dept. Superintendent	
b. Bob Feisthamel		Laboratory Supervisor	
c. Mary Berger		Chemist	
7. RADIATION PROTECTION OFFICER Dean Johnson		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 NO.	ELEMENT AND MASS NUMBER A	CHEMICAL AND/OR PHYSICAL FORM B	NAME OF MANUFACTURER AND MODEL NUMBER <i>(If Sealed Source)</i> C
			MAXIMUM NUMBER OF MILLICURIES AND/OR SEALED SOURCES AND MAXIMUM ACTI- VITY PER SOURCE WHICH WILL BE POSSESSED AT ANY ONE TIME D
(1)	N; 63	Plated Part	Hewlett-Packard Elec- tron Capture #18713A 1 Detector 15 MC; /detector
(2)			
(3)			
(4)			
DESCRIBE USE OF LICENSED MATERIAL E			
(1)	Used in gas chromatographic analysis for PCB's in transformer oils.		
(2)			
(3)	8604090358 860310 REG4 LIC30 25-19379-01 PDR		
(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)	Hewlett-Packard Gas Chromatograph	Hewlett-Packard	5713
(2)			
(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)	N/A					
(2)						
(3)						
(4)						

11. CALIBRATION OF INSTRUMENTS LISTED IN ITEM 10	
<input checked="" type="checkbox"/> a. CALIBRATED BY SERVICE COMPANY NAME, ADDRESS, AND FREQUENCY Hewlett-Packard Company Route 41 Avondale, PA 19311	<input type="checkbox"/> b. CALIBRATED BY APPLICANT Attach a separate sheet describing method, frequency and standards used for calibrating instruments.

12. PERSONNEL MONITORING DEVICES		
TYPE (Check and/or complete as appropriate.) A	SUPPLIER (Service Company) B	EXCHANGE FREQUENCY C
<input type="checkbox"/> (1) FILM BADGE <input type="checkbox"/> (2) THERMOLUMINESCENCE DOSIMETER (TLD) <input type="checkbox"/> (3) OTHER (Specify): _____	N/A	<input 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).)	
<input checked="" type="checkbox"/> a. LABORATORY FACILITIES, PLANT FACILITIES, FUME HOODS (Include filtration, if any), ETC. <input type="checkbox"/> b. STORAGE FACILITIES, CONTAINERS, SPECIAL SHIELDING (fixed and/or temporary), ETC. <input type="checkbox"/> c. REMOTE HANDLING TOOLS OR EQUIPMENT, ETC. <input type="checkbox"/> d. RESPIRATORY PROTECTIVE EQUIPMENT, ETC.	Detector effluent gas will be vented in compliance with the latest revision of 10 CFR Part 20

14. WASTE DISPOSAL	
a. NAME OF COMMERCIAL WASTE DISPOSAL SERVICE EMPLOYED Return detectors to supplier, Hewlett-Packard Company, Route 41, Avondale, PA 19311	
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.	

APPLICATION FOR BYPRODUCT MATERIAL LICENSE
INDUSTRIAL

a. NEW LICENSE

b. AMENDMENT TO:
LICENSE NUMBER

X

c. RENEWAL OF:
LICENSE NUMBER

See attached instructions for details.

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2. APPLICANT'S NAME (Institution, firm, person, etc.)

Williston Basin Interstate
Pipeline Company

TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION

3. NAME AND TITLE OF PERSON TO BE CONTACTED
REGARDING THIS APPLICATION

TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION

4. APPLICANT'S MAILING ADDRESS (Include Zip Code)

(Address to which NRC correspondence, notices, bulletins, etc., should be sent.)

5. STREET ADDRESS WHERE LICENSED MATERIAL WILL BE USED

(Include Zip Code)

(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.

b.

c.

7. RADIATION PROTECTION OFFICER

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 NO.	ELEMENT AND MASS NUMBER A	CHEMICAL AND/OR PHYSICAL FORM B	NAME OF MANUFACTURER AND MODEL NUMBER (If Sealed Source) C	MAXIMUM NUMBER OF MILLICURIES AND/OR SEALED SOURCES AND MAXIMUM ACTI- VITY PER SOURCE WHICH WILL BE POSSESSED AT ANY ONE TIME D
(1)				
(2)				
(3)				
(4)				

DESCRIBE USE OF LICENSED MATERIAL

E

(1)

(2)

(3)

(4)

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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)			
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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)						
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(3)						
(4)						

11. CALIBRATION OF INSTRUMENTS LISTED IN ITEM 10

☐ a. CALIBRATED BY SERVICE COMPANY
NAME, ADDRESS, AND FREQUENCY

☐ b. CALIBRATED BY APPLICANT

Attach a separate sheet describing method, frequency and standards used for calibrating instruments.

12. PERSONNEL MONITORING DEVICES

TYPE (Check and/or complete as appropriate.) A.	SUPPLIER (Service Company) B.	EXCHANGE FREQUENCY C.
<input type="checkbox"/> (1) FILM BADGE <input type="checkbox"/> (2) THERMOLUMINESCENCE DOSIMETER (TLD) <input type="checkbox"/> (3) OTHER (Specify): _____ _____ _____		<input 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.

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)

c. NAME (Type or print)

Bob Feisthamel

(1) LICENSE FEE CATEGORY: 3L

d. TITLE

Laboratory Supervisor

(2) LICENSE FEE ENCLOSED: \$ 110.00

e. DATE

April 3, 1985

WILLISTON BASIN INTERSTATE
PIPELINE CO
P O BOX 131
GLEN DIVE MT 59330-0131

WILLISTON BASIN
INTERSTATE
PIPELINE COMPANY



JOY ?

JOHN COLLINS REGIONAL ADMINISTRATOR
NUCLEAR REGULATORY COMMISSION REGION IV
611 RYAN PLAZA DRIVE SUITE 1000
ARLINGTON TX 76011

