

## APPLICATION FOR MATERIAL LICENSE

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

### APPLICATIONS FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

U.S. NUCLEAR REGULATORY COMMISSION  
DIVISION OF FUEL CYCLE AND MATERIAL SAFETY, NM55  
WASHINGTON, DC 20555

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS. IF YOU ARE LOCATED IN:

CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND,  
MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, PENNSYLVANIA,  
RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
NUCLEAR MATERIALS SAFETY SECTION B  
475 ALLENDALE ROAD  
KING OF PRUSSIA, PA 19406

ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA,  
PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR  
WEST VIRGINIA, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION II  
NUCLEAR MATERIALS SAFETY SECTION  
101 MARIETTA STREET, SUITE 2900  
ATLANTA, GA 30323

### IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR  
WISCONSIN, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION III  
MATERIALS LICENSING SECTION  
789 ROOSEVELT ROAD  
GLEN ELLYN, IL 60137

ARKANSAS, COLORADO, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA,  
NEW MEXICO, NORTH DAKOTA, OKLAHOMA, SOUTH DAKOTA, TEXAS, UTAH,  
OR WYOMING, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION IV  
MATERIAL RADIATION PROTECTION SECTION  
611 RYAN PLAZA DRIVE, SUITE 1000  
ARLINGTON, TX 76011

ALASKA, ARIZONA, CALIFORNIA, HAWAII, NEVADA, OREGON, WASHINGTON,  
AND U.S. TERRITORIES AND POSSESSIONS IN THE PACIFIC, SEND APPLICATIONS  
TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION V  
NUCLEAR MATERIALS SAFETY SECTION  
1450 MARIA LANE, SUITE 210  
WALNUT CREEK, CA 94596

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTION.

### 1. THIS IS AN APPLICATION FOR (Check appropriate item):

- ☐ A. NEW LICENSE  
☐ B. AMENDMENT TO LICENSE NUMBER \_\_\_\_\_  
☒ C. RENEWAL OF LICENSE NUMBER 21-20376-01

### 2. NAME AND MAILING ADDRESS OF APPLICANT (Include Zip Code)

MICHIGAN MILK PRODUCERS ASSOCIATION  
431 W WILLIAMS ST  
OVID MI 48866

### 3. ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

MICHIGAN MILK PRODUCERS ASSOCIATION  
431 W WILLIAMS ST  
OVID MI 48866

### 4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

HANS BOSSEL

### TELEPHONE NUMBER

(517)834-2221

SUBMIT ITEMS 5 THROUGH 11 ON 8 1/2 x 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

### 5. RADIOACTIVE MATERIAL

a. Element and mass number, b. chemical and/or physical form, and c. maximum amount  
which will be possessed at any one time

### 6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED

### 7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE

### 8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS

### 9. FACILITIES AND EQUIPMENT

### 10. RADIATION SAFETY PROGRAM

### 11. WASTE MANAGEMENT

### 12. LICENSEE FEES (See 10 CFR 170 and Section 170.31)

FEE CATEGORY AMOUNT  
ENCLOSED \$ 120.00 (check)

### 13. CERTIFICATION (Must be completed by applicant): THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS  
PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, AND 40 AND THAT ALL INFORMATION CONTAINED HEREIN,  
IS TRUE AND CORRECT TO THE BEST OF THEIR 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.

### SIGNATURE -CERTIFYING OFFICER

*Hans Bosssel*

### TYPED/PRINTED NAME

HANS BOSSEL

### TITLE

SAFETY SUPERVISOR

### DATE

6-3-88

8905090049 880823  
REG3 LIC30  
21-20376-01 PNU

FOR NRC USE ONLY

### TYPE OF FEE

### FEE LOG

### FEE CATEGORY

### COMMENTS

### AMOUNT RECEIVED

### CHECK NUMBER

CONTROL NO 8560

RECEIVED  
JUN 16 1988  
REGION III

### APPROVED BY

### DATE



# Michigan Milk Producers Association

431 West William Street

Ovid, Michigan 48866

Area Code 517 Phone 834-2221

PAGE 1

June 3, 1988

RE: RENEWAL OF MATERIAL LICENSE

- ITEM 5) CS 137, inside sealed source, manufactured by Kay-Ray Inc., 516 W Campus Dr. Arlington Hts, IL. 60004. (Model# 7062B and 7062BP)
- ITEM 6) Material will be used at an unspecified future date to measure density of non-fat dry milk powder. Source head are presently shuttered and locked-out.
- ITEM 7) Persons responsible for radiation program are:  
1) Hans Bossel, and  
2)  
Hans Bossel has received instructions and training from Kay-Ray Inc. and NRC inspector. As it is our policy not to handle material in any way, further formal training is not indicated at this time. The installation is being monitored regularly according to NRC guidelines.
- ITEM 8) Employees do not work in source installation area. Maintenance is not required. Local Fire Dept. Chief/personell have had visual contact and instructions regarding location of material in storage and NRC regulations.
- ITEM 9) Sketch of location of source heads:  
(Per Blueprint)  
Michigan Milk Producers Association is a Farmer Co-operative and manufactures milk powder at the address given.
- ITEM 10) A) Environmental conditions are dry, without corrosive atmosphere.  
B) Ambient temp. will not exceed manufacturers specifications.  
A cooling system is not required as max. temp. will not exceed 110°F.  
C) Radiation surveys are conducted by Kay-Ray Inc. as required with Model A kit, approved by the NRC for use in source wiping of Kay-Ray source holders. License was amended in 1987 to permit 3 year leak test intervals.  
D) Past surveys have not indicated any leakage.  
E) Shutters are closed and units locked-out at the present time.  
F) Radio active signs are legible and visible.  
G) MMPA policy for emergency procedures; which apply to all possible damages to device (fire, natural disaster etc.)  
a) Rope off area around source holder ( $R=0.7 \times (\text{source size in C i})$ )  
b) Notify radiation officers immediately.  
c) Notify Region III NRC office immediately (312)858-2660

CONTROL NO 85600



## Michigan Milk Producers Association

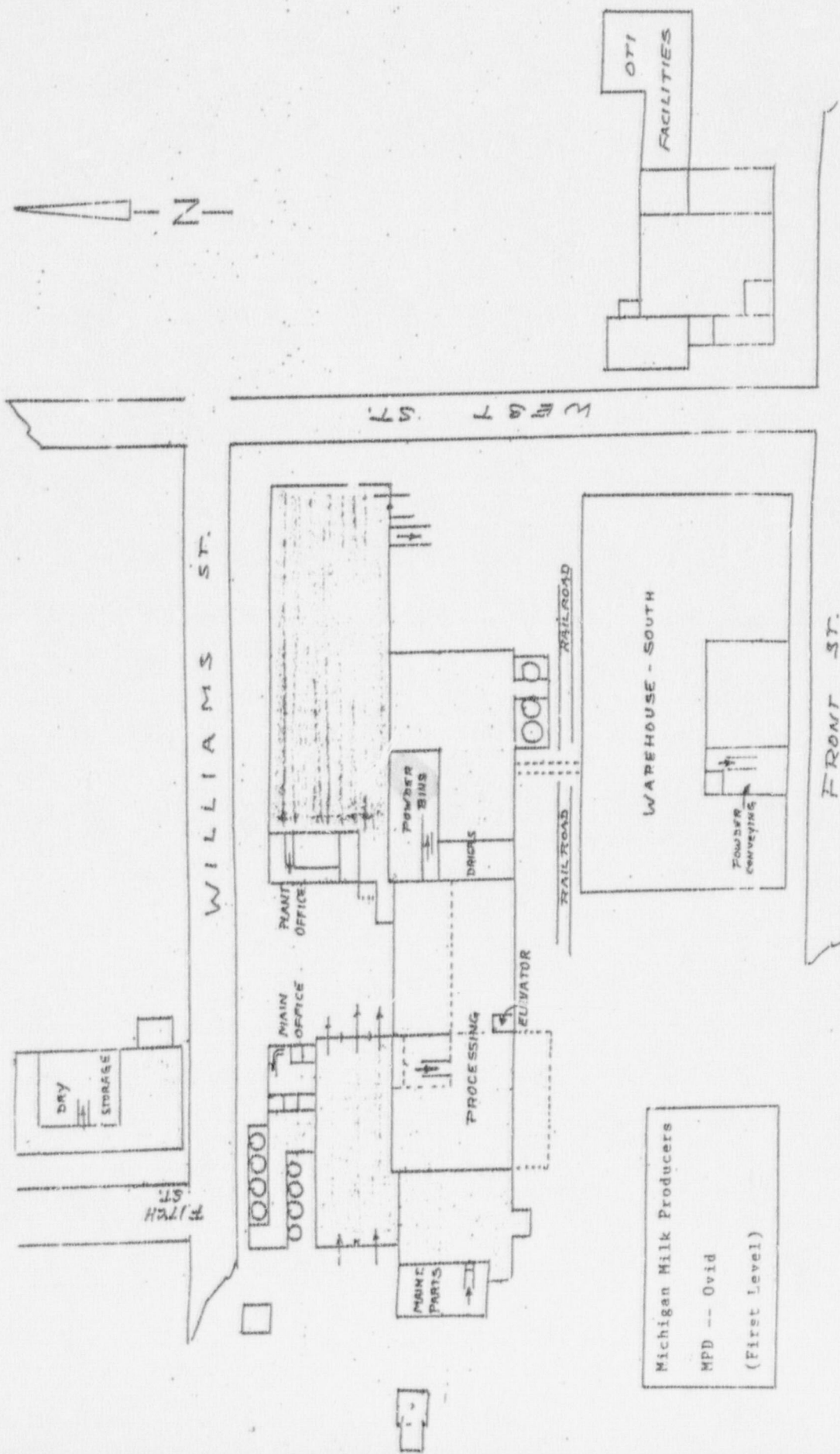
431 West Williams Street  
Ovid, Michigan 48866  
Area Code 517 Phone 834-2221

PAGE 2

### RENEWAL OF MATERIAL LICENSE (CONT)

- d) Notify Kay-Ray Inc. immediately if technical assistance is required.
  - e) Prevent access to entire floor level until repairs have been completed and area declared safe by authorized repair personell.
- 
- ITEM 11) a) Radio active waste is not being produced.
  - b) Proper NRC disposal regulations will be adhered to should possession of devices be discontinued.

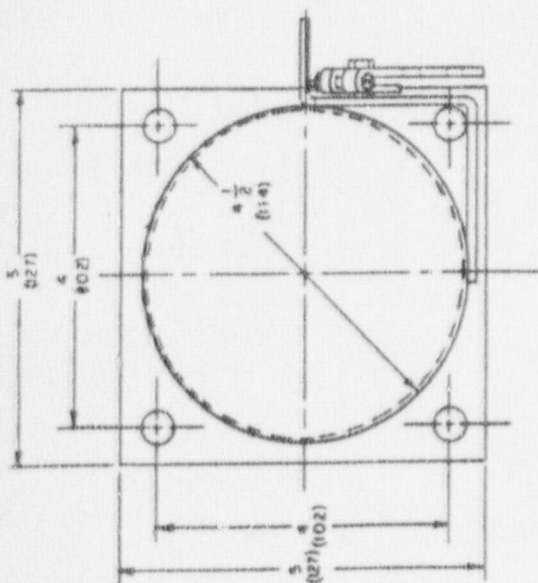




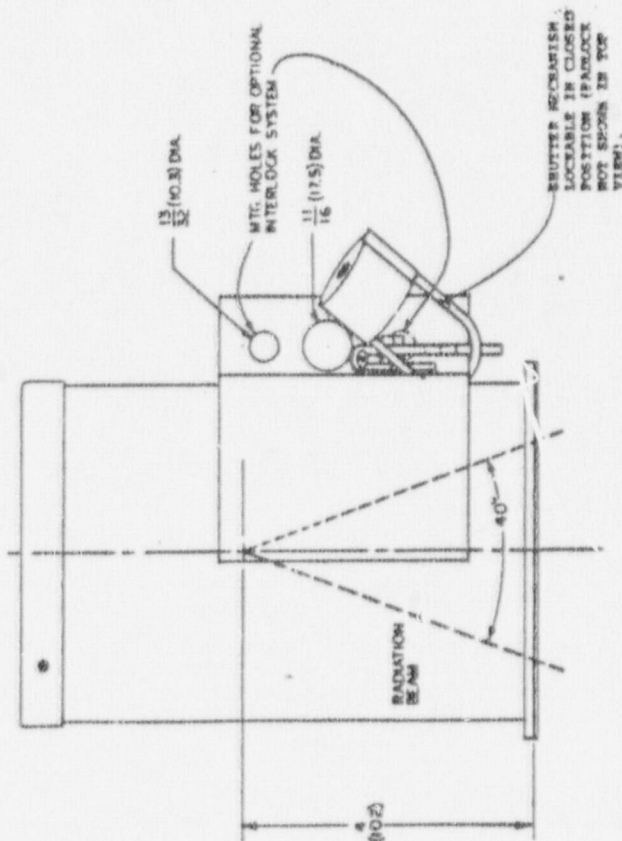
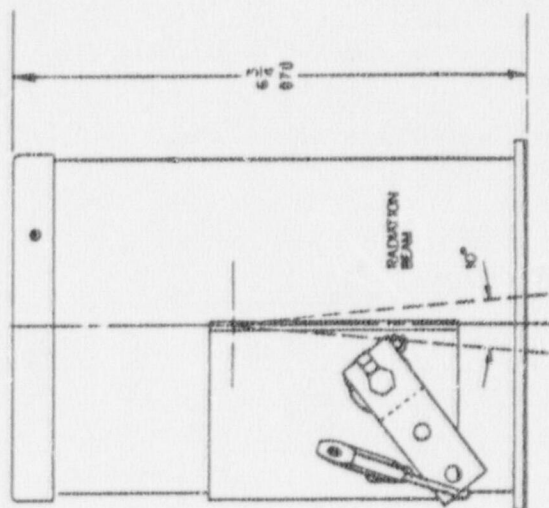
Michigan Milk Producers

MPD -- Ovid

(First Level)



WEIGHT 23 lbs (10.4 kg)



150 CMT 310 (2001)

FILE:

MODEL 7062B  
GAMMA  
SOURCE HEAD

NEW RELEASE	743144	DATE 3-17-81
ATTENTION	SCALE	DATE 3-20-81
KAY	TO: FRANCES	DATE 3-20-81
KAY-DAV INC.	ANALYST: STEVENSON, JAMES	DATE 3-20-81
	FRANCIS, RONALD & TARA	DATE 3-20-81
	AMCUL, CAROL & JO ANN	DATE 3-20-81
	JO & DORIS / MOORE & MOORE	DATE 3-20-81
	RECEIVED: FRANCES DORIS MOORE	DATE 3-20-81

CONTROL NO 35600

F  
JUN 2 1988

Michigan Milk Products Association  
ATTN: Hans Bossel  
431 West Williams Street  
Ovid, MI 48866

License No. 21-20376-01  
Control No. 85600

Gentlemen:

SUBJECT: LICENSE RENEWAL APPLICATION

This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

Any correspondence regarding the renewal application should reference the control number specified and your license number.

Sincerely,

Patricia J. Whiston  
Materials Licensing Section

RIH

*PAW*  
Whiston/mb

*6/20/88*





# Michigan Milk Producers Association

431 West Williams Street  
Ovid, Michigan 48866  
Area Code 517 Phone 834-2221

May 26, 1983

01/77 07820

To: Nuclear Regulatory Commission - -

In Reference to Item No. 7

Hans Bossel will be our Radiation Protection Officer.

This person has not been trained for this position as of this date,  
but the manufacturer of the device will train during installation and  
start up of moisture monitoring equipment.

In our operation we intend to have the Radiation Inspection Officer  
present to supervise (1) the use of the device, (2) perform leak checks,  
(3) establish lock procedure when membrane is required.

Sincerely yours,

*Walter Huffman*

Walter Huffman,  
Plant Manager

Main Control No. 07820

WH/skv

RECEIVED

MAY 31 1983

REGION III

MAY 31 1983

030-15317

FORM NRC 313 I (16-78) 10 CFR 31		U.S. NUCLEAR REGULATORY COMMISSION		1. APPLICATION FOR (Check and/or complete as appropriate)	
APPLICATION FOR BYPRODUCT MATERIAL LICENSE INDUSTRIAL				a. NEW LICENSE	
				b. AMENDMENT TO LICENSE NUMBER	
				c. RENEWAL OF LICENSE NUMBER	
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 1717 H Street, NW, Washington, D. C. or 7915 Eastern Avenue, Silver Spring, Maryland.					
2. APPLICANT'S NAME (Institution, firm, person, etc.)  Michigan Milk Prod. Ass'n  TELEPHONE NUMBER AREA CODE - NUMBER EXTENSION 517-834-2221 ex 201		3. NAME OF PERSON TO BE CONTACTED REGARDING THIS APPLICATION Walter Huffman  TELEPHONE NUMBER AREA CODE - NUMBER EXTENSION 834-2221 517 201			
4. APPLICANT'S MAILING ADDRESS (Include Zip Code)  431 W. Williams St. Ovid, Mich. 48866		5. STREET ADDRESS WHERE LICENSED MATERIAL WILL BE USED (Include Zip Code) 431 W. Williams St. Ovid, Mich. 48866			
(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.	David Sorenson	Plant Supt.			
b.					
c.					
7. RADIATION PROTECTION OFFICER  Hans Bossel		Attach a resume of person's training and experience as outlined in Items 16 and 17 and describe his responsibilities under Item 15.			
B. 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)	CS137	Americium	Kay Ray	Sealed Source	
(2)		241-Beryllium		See Section 9	
(3)					
(4)					
9. DESCRIBE USE OF LICENSED MATERIAL E					
(1)	For possession and use in Kay Ray devices which have been evaluated and approved				
(2)	for licensing purposes and authorized for distribution under a license issued				
(3)	by the nuclear regulatory commission or an agreement state.				
(4)					

APR 25 1983



## 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)			
(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)	G.M. Tube Survey	Eberline	E-130	1	Gamma	.5-.5 & 50 MR.hr.
(2)						
(3)						
(4)						

## 11. CALIBRATION OF INSTRUMENTS LISTED IN ITEM 10

<input type="checkbox"/> a. CALIBRATED BY SERVICE COMPANY (Interval 6 months) NAME, ADDRESS, AND FREQUENCY Kay Ray, Inc. 516 W. Campus Dr. Arlington Hts., Ill. 60004	<input type="checkbox"/> b. CALIBRATED BY APPLICANT Attach a separate sheet describing method, frequency and standards used for calibrating instruments.
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## 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): _____  	Personal monitoring devices are not necessary for supporting documentation. See description of the radiation protection program.	<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  
Sealed sources and devices will be returned to supplier for disposal.
- ☐ 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)

\$110.00

(1) LICENSE FEE CATEGORY: 3 L

(2) LICENSE FEE ENCLOSED \$ 110.00

b. CERTIFYING OFFICIAL (Signature)

c. NAME (Type or print)

d. TITLE

e. DATE

5-25-83