

NRC Form 313 I (12-81) 10 CFR 30 APPLICATION FOR BYPRODUCT MATERIAL LICENSE INDUSTRIAL		1. APPLICATION FOR: (Check and/or complete as appropriate) <div style="text-align: right; font-size: 1.2em; font-weight: bold;">30 - 2090</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> a. NEW LICENSE </div> <div style="width: 45%;"> b. AMENDMENT TO: LICENSE NUMBER <div style="text-align: right; font-size: 1.2em; font-weight: bold;">03120</div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> c. RENEWAL OF: LICENSE NUMBER <div style="text-align: right; font-size: 1.2em; font-weight: bold;">LEL 21242</div> </div> </div>	
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.) <div style="text-align: center; font-weight: bold;">Jerold W. Evans Roofing, Inc.</div> TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION 804-232-5128		3. NAME AND TITLE OF PERSON TO BE CONTACTED REGARDING THIS APPLICATION <div style="text-align: center; font-weight: bold;">Jerold W. Evans - President</div> TELEPHONE NUMBER: AREA CODE - NUMBER EXTENSION 804-232-5128	
4. APPLICANT'S MAILING ADDRESS (Include Zip Code) (Address to which NRC correspondence, notices, bulletins, etc., should be sent.) 925 E. 4th Street Richmond, Virginia 23224		5. STREET ADDRESS WHERE LICENSED MATERIAL WILL BE USED (Include Zip Code) At address listed in Item #4 and at temporary jobsites throughout the U. S. where the U.S. NRC maintains jurisdiction over byproduct materials.	
(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. <u>Jerold W. Evans</u> completed the manufacturer's training course and have been instructed in our operating and emergency procedures. Copies of the certificate of training for each user will be maintained in our files.		<u>President</u> or any individuals who have	
b.			
c.			
7. RADIATION PROTECTION OFFICER Jerold W. Evans		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			
LINE 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)	Am 241:Be	Sealed Source	Troxler Drawing #A-102451
(2)			
(3)	B904130059 B90303 REG2 LIC30 45-21242-01	PNU	6460 1265
(4)			(44 m.e. with round)
DESCRIBE USE OF LICENSED MATERIAL E			
(1)	For use in a Troxler Model 3216/3218 Surface Moisture Gauge to measure surface moisture.		
(2)			
(3)			
(4)			

See info. reverse

13374

COPIES SENT TO OFF. OF
INSPECTION AND ENFORCEMENT

9. STORAGE OF SEALED SOURCES

LINE NO.	CONTAINER AND/OR DEVICE IN WHICH EACH SEALED SOURCE WILL BE STORED OR USED.	NAME OF MANUFACTURER	MODEL NUMBER
(1)			
(2)	* SEE ATTACHED		
(3)			
(4)			

RECEIVED BY LPT/3
 Date: 12/29/84
 Loc: Etc. 2nd fl.
 By: [Signature]
 Orig. To: [Signature]
 Action Comp: 12/29/84

10. RADIATION DETECTION INSTRUMENTS

LINE NO.	TYPE OF INSTRUMENT	MANUFACTURER'S NAME	MODEL NUMBER	NUMBER AVAILABLE	RADIATION DETECTED (alpha, beta, gamma, neutron)	SENSITIVITY RANGE (milliroentgens/hour or counts/minute)
(1)	None					
(2)						
(3)						
(4)						

Applicant: [Signature]
 Date: 12/29/84
 Fee Category: #110-34
 Application: [Signature]
 Date: 12/29/84
 Received By: [Signature]

11. CALIBRATION OF INSTRUMENTS LISTED IN ITEM 10

<input type="checkbox"/> a. CALIBRATED BY SERVICE COMPANY NAME, ADDRESS, AND FREQUENCY M N/A	<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 checked="" type="checkbox"/> (1) FILM BADGE <input type="checkbox"/> (2) THERMOLUMINESCENCE DOSIMETER (TLD) <input type="checkbox"/> (3) OTHER (Specify): _____	R. S. Landauer, Jr. & Company Glenwood Science Park Glenwood, Illinois 60425	<input checked="" 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 type="checkbox"/> a. LABORATORY FACILITIES, PLANT FACILITIES, FUME HOODS (Include filtration, if any), ETC. <input checked="" type="checkbox"/> b. STORAGE FACILITIES, CONTAINERS, SPECIAL SHIELDING (fixed and/or temporary), ETC. <input type="checkbox"/> c. REMOTE HANDLING TOOLS OR EQUIPMENT, ETC. See Attached Drawing <input type="checkbox"/> d. RESPIRATORY PROTECTIVE EQUIPMENT, ETC

14. WASTE DISPOSAL

<input type="checkbox"/> a. IF COMMERCIAL WASTE DISPOSAL SERVICE EMPLOYED
<input type="checkbox"/> 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. Sources will be returned to the manufacturer or another authorized licensee when use is discontinued.

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.

Item 15 - See attached Radiation Safety Program

Item 16-17 - See attached Certificate of Training for the Radiation Safety Officer

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: New

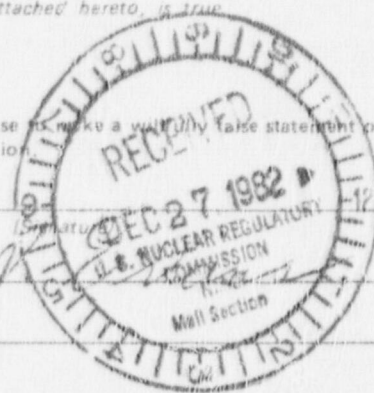
(2) LICENSE FEE ENCLOSED: \$ 110.00

b. CERTIFYING OFFICIAL (Signature)

c. NAME (Type or print)
SEROLD W. EVANS

d. TITLE
PRESIDENT

e. DATE
December 17, 1982



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TROXLER ELECTRONIC LABORATORIES, INC.

HEREBY CERTIFIES THAT

JEROLD W. EVANS

of

JEROLD W. EVANS ROOFING, INC.

HAS SUCCESSFULLY COMPLETED THE TROXLER ELECTRONIC LABORATORIES, INC.
TRAINING COURSE FOR THE USE OF NUCLEAR TESTING EQUIPMENT.

SUBJECTS INCLUDED IN THIS COURSE WERE AS FOLLOWS:

Radiological Safety

1. Principles and practices of radiation protection.
2. Leak testing procedures.
3. Mathematics and calculations basic to the use and measurement of radioactivity.
4. Biological effects of radiation.
5. Radioactivity measurement standardization and monitoring techniques and instruments.
6. Accident and incident procedures.
7. Procedures for nuclear gauge storage and transportation.
8. General safety precautions.

Gauge Operation

1. Instrument theory
2. Operating procedures
3. Maintenance
4. Field application
5. Gauge calibration

12/2/82

DATE

W.F. TROXLER

PRESIDENT

Nº 91635

INSTRUCTOR

CONVERSATION RECORD

TIME

DATE

1/19/83

TYPE

☐ VISIT☐ CONFERENCE☒ TELEPHONE☐ INCOMING☒ OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT
WITH YOU

J. Evans

ORGANIZATION (Office, dept., bureau,
etc.)

Fred W. Evans Rm 304

TELEPHONE NO.

232-5128

SUBJECT

Control, 13374

SUMMARY

note: Proxler leak test will be used

of who will analyze leak tests?

A: Proxler will do all of their
analysis of tests.He would like authority to put to
work those individuals who also
complete Computer Pacific Gauge Course
(in addition to Proxler Course)

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

ACTION TAKEN

1/18 - to Supervisor for final review prior
to typing

SIGNATURE

J. Martin

TITLE

DATE

1/19/83

JEROLD W. EVANS ROOFING, INC.

925 EAST 4TH STREET

RICHMOND, VIRGINIA 23224

PHONE 292-5128

TO ALL PERSONNEL AUTHORIZED TO USE TROXLER MODEL 3216/3218 SURFACE
MOISTURE GAUGE

OPERATING PROCEDURES

Transportation of Equipment:

1. All possible means shall be provided to ensure that the equipment is fully secured in the transporting vehicle and the equipment is away from the passenger compartment. When transporting in an enclosed vehicle (car or van) the vehicle will be locked. When transporting in an open bed vehicle, the gauge should be securely fastened and locked to the truck bed.
2. The gauge will be transported in the Troxler transportation case. The US Department of Transportation requires that the gauge be transported in a properly labeled carrying case.

Utilization Procedures:

1. When the gauge is in the field, you as the authorized user must maintain control over the gauge at all times. The gauge must never be left unattended.
2. When not making measurements, the gauge should be placed in the transportation case and returned to its permanent storage area as soon as possible. The gauge is to be used for its intended use only, by doing so you will maintain any radiation exposure to as low as reasonably attainable.
3. When using the equipment, you will wear the personnel monitoring device that has been assigned to you. When you are not using the equipment, your monitoring device is to be stored in the radiation free area that has been designated in the office.

Maintenance and Leak Test Procedures:

1. Periodic maintenance will include cleaning the gauge. During any maintenance, you must wear your personnel monitoring device.
2. No maintenance will be performed in which the radioactive source is removed from the gauge. For this type of maintenance, the gauge will be returned to the manufacturer.

JEROLD W. EVANS ROOFING, INC.

925 EAST 4TH STREET

RICHMOND, VIRGINIA 23224

PHONE 232-5128

Maintenance and Leak Test Procedures Continued:

3. The leak test will be performed using the Troxler Model 3880 Leak Test Kit. The leak test will be performed under the manufacturer's instructions. Again, the personnel monitoring device will be worn and all means to limit radiation exposure will be employed. Gauges will be leak tested at intervals not to exceed six (6) months.

Emergency Procedures:

- A. In the event of physical damage to a gauge, the following will be performed:
 1. Immediately rope off an area around the gauge. An area radius of 15 feet will be sufficient. Carry sufficient rope.
 2. If a vehicle is involved, it must be stopped until the extent of contamination, if any, can be established. Inform investigating police officers of NRC requirements.
 3. A visual inspection of the gauge is to be made to determine if the source housing and/or shielding has been damaged.
 4. At the earliest possible time, when the situation is under control, you must contact Jerold W. Evans at phones 232-5128 and 272-6303. Describe the present conditions and follow the instructions of the Radiation Safety Officer.
- B. In the event the gauge is lost or stolen, immediately notify the Radiation Safety Officer as listed above in Item A4.

40'

76'

36'

SHEET METAL SHOP

EQUIPMENT & MATERIAL
STORAGE AREA

Masonry Walls and
Concrete Floor

OFFICE AREA

WAREHOUSE AREA



PROPOSED STORAGE AREA FOR TROXLER 3216/3218
SURFACE MOISTURE GAUGE.

12 gauge metal storage cabinet (36" X 36")
with welded seams and 3/16" X 2" stainless
steel hasp with heavy duty padlock. Cabinet
bolted to floor from inside.

No employees work as much as 5% in the proposed
storage area or the warehouse area. Two
employees work approximately 50% of their
time in the sheet metal shop.

(1) OVERHEAD DOORS

JEROLD W. EVANS ROOFING, INC.
925 E. 4th Street
Richmond, VA 23224

- PUBLIC STREET -

JEROLD W. EVANS ROOFING, INC.

925 EAST 4TH STREET

RICHMOND, VIRGINIA 23224

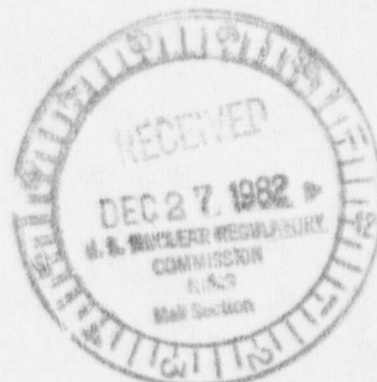
PHONE 292-5128

Radiation Safety Program

Radiation Protection Officer

Jerold W. Evans has been designated as the company Radiation Safety Officer and will assume the duties and responsibilities that include:

1. To assure that all terms and conditions of the licenses are being met and that the information contained in the license is up-to-date.
2. To ensure that the equipment has been leak tested in the required timely manner and that the leak test is performed in the manner prescribed by the equipment manufacturer.
3. To assure that the use of the equipment is only by individuals that have been authorized by the Radiation Protection Officer and that all users wear personnel monitoring equipment when utilizing the equipment.
4. To maintain the records as required by the license and the regulations. These records shall include personnel exposure records, leak test records and training certificates for all users.
5. To assure that the equipment is properly secured against unauthorized removal at all times when they are not in use. A log will be kept showing when and where the equipment is being used and when it is in permanent storage area.
6. To serve as a point of contact and give assistance in case of emergency such as equipment damaged in the field or theft and to notify the proper authorities in case of emergency.
7. To assure that all users have read and understand the Radiation Safety operating and emergency procedures.



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BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM

A.C.

REGIONAL LICENSING SECTIONS

(FOR LFMS USE)

INFORMATION FROM LMS

PROGRAM CODE: 03121

STATUS CODE: 2

FEE CATEGORY: 3P

EXP. DATE: 19880131

FEE COMMENTS:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: EVANS, JEROLD W.

RECEIVED DATE: 880125

DOCKET NO: 3020090

CONTROL NO.: 252005

LICENSE NO.: 45-21242-01

ACTION TYPE: RENEWAL

2. FEE ATTACHED

AMOUNT: 150⁰⁰

CHECK NO.: 235

3. COMMENTS

SIGNED

DATE

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED 1/1)

1. FEE CATEGORY AND AMOUNT: 3P (8/20)

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:

AMENDMENT

RENEWAL

LICENSE

3. OTHER

SIGNED

DATE