



UNIVERSITY of HAWAII®
MĀNOA

Received
10/27/2022

Environmental Health and Safety Office

October 27, 2022

Mail Control Number: 633431
Docket Number : 3007517
License Number : 53-00017-23
Licensee Name : University of Hawaii, Radiation Safety Program

Materials Licensing Branch
U.S. Nuclear Regulatory Commission, Region IV
Division of Radiological Safety and Security
1600 East Lamar Boulevard
Arlington, TX 76011-4511

License No.: 53-00017-23
Docket No.: 030-07517

Dear Sir / Madam,

The University of Hawai'i would like to add the following radioisotope to our license:

- Natural Uranium, U-Nat, with a maximum possession limit of 250 microcuries.
- Any chemical form.

The U-Nat will be used by the Department of Earth Sciences, in the School of Ocean Earth Sciences and Technology, for research and teaching purposes.

I have included a NRC Form 313 and have answered questions 5 through 11 on page 2 of this letter.

Thank you very much for your attention to this request. Please contact me if you need additional information.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael Soles'.

Michael Soles
Interim Radiation Safety Officer

Enclosures:
Signed NRC Form 313
NRC Form 313, Items 5 - 11 (page 2)



NRC Form 313, Questions 5 - 11.

5. A. Natural Uranium, U-Nat.
B. U-Nat, any form.
C. 250 microcuries.
6. The U-Nat will be used by the Department of Earth Sciences, in the School of Ocean Earth Sciences and Technology, for research and teaching purposes.
7. Michael Soles, RSO and Matthew Carradine, Radiation Safety Specialist.
8. All radiation workers must complete UH Initial Radiation Safety Training and be supervised by their Faculty Authorized User. UH Radiation Safety Committee reviews and authorizes all RAM usage at the University of Hawai'i.
9. Appropriate UH Laboratory facilities licensed by the UH Radiation Safety Committee and Radiation Safety Program. Appropriate calibrated radiation detection equipment will be used to monitor usage activities.
10. The University of Hawai'i Radiation Safety Program.
11. All radiation labs are required to follow all procedures outlined in the UH Radiation Safety Manual.

(10-03-2022)
10 CFR 30, 32,
33, 34, 35, 36,
37, 39, and 40



APPLICATION FOR MATERIALS LICENSE

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the FOIA, Library, and Information Collections Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollections.Resource@nrc.gov, and the OMB Reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0120), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503; e-mail: oir_submission@omb.eop.gov. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

INSTRUCTIONS: SEE THE CURRENT VOLUMES OF THE NUREG-1556 TECHNICAL REPORT SERIES ("CONSOLIDATED GUIDANCE ABOUT MATERIALS LICENSES") FOR DETAILED INSTRUCTIONS FOR COMPLETING THIS FORM: <http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/>. SEND TWO COPIES OF THE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

MATERIALS SAFETY AND TRIBAL LIAISON BRANCH
DIVISION OF MATERIALS SAFETY, SECURITY, STATE AND TRIBAL PROGRAMS
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA,

SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM
DIVISION OF RADIOLOGICAL SAFETY AND SECURITY
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
475 ALLENDALE ROAD, SUITE 102
KING OF PRUSSIA, PA 19406-1415
R1DRSSMail.Resource@nrc.gov

*Note: The preferred method to submit NRC Form 313 is e-mail. Any other document (e.g., financial assurance documents) should be sent via mail.

IF YOU ARE LOCATED IN:

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

MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, IL 60532-4352
R3-DRSSMail.Resource@nrc.gov

*Note: The preferred method to submit NRC Form 313 is e-mail. Any other documents (e.g., financial assurance documents) should be sent via mail.

IF YOU ARE LOCATED IN:

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING,

SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
1600 E. LAMAR BOULEVARD
ARLINGTON, TX 76011-4511
rl4licensingactions@nrc.gov

*Note: The preferred method to submit NRC Form 313 is e-mail. Any other document (e.g., financial assurance documents) should be sent via mail.

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 JURISDICTIONS.

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

- A. NEW LICENSE
- B. AMENDMENT TO LICENSE NUMBER 53-00017-23
- C. RENEWAL OF LICENSE NUMBER _____

2. NAME AND MAILING ADDRESS OF APPLICANT (Include zip code)

University of Hawaii, Radiation Safety Program
Office of the President
2444 Dole Street
Honolulu, HI 96822

3. ADDRESS WHERE LICENSED MATERIALS WILL BE USED OR POSSESSED

2444 Dole Street
Honolulu, HI 96822

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Michael Soles

BUSINESS TELEPHONE NUMBER
808-956-6475

BUSINESS CELLULAR TELEPHONE NUMBER
919-260-7021

BUSINESS E-MAIL ADDRESS
msoles@hawaii.edu

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. LICENSE FEES (Fees required only for new applications, with few exceptions*)

(See 10 CFR 170 and Section 170.31)

*Amendments/Renewals that increase the scope of the existing license to a new or higher fee category will require a fee.

FEE CATEGORY	AMOUNT ENCLOSED \$

PER THE DEBT COLLECTION IMPROVEMENT ACT OF 1996 (PUBLIC LAW 104-134), YOU ARE REQUIRED TO PROVIDE YOUR TAXPAYER IDENTIFICATION NUMBER. PROVIDE THIS INFORMATION BY COMPLETING NRC FORM 531: <https://www.nrc.gov/reading-rm/doc-collections/forms/nrc531info.html>.

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, 36, 37, 39, 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.

CERTIFYING OFFICER -- TYPED/PRINTED NAME AND TITLE

Michael Soles, Interim Radiation Safety Officer

SIGNATURE

DATE

10/27/22

FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee Michael S. Soles Radiation Safety Officer University of Hawaii Office of the President 2444 Dole Street Honolulu, HI 96822	Date 11/04/2022
	License Number(s) 53-00017-23
	Mail Control Number(s) 633431
	Licensing and/or Technical Reviewer or Branch C. Hill

This is to acknowledge receipt of your: Letter and/or Application Dated: 10/27/2022

The initial processing, which included an administrative review, has been performed.
 Amendment Termination New License Renewal

There were no administrative omissions identified during our initial review.

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.

Your application for a new NRC license did not include your taxpayer identification number. Please complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>
 Follow the instructions on the form for submission.

The following administrative omissions have been identified:

Your application has been assigned the above listed MAIL CONTROL NUMBER. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV
U. S. Nuclear Regulatory Commission
DNMS/NMSB - B
1600 E. Lamar Boulevard
Arlington, TX 76011-4511
(817) 200-1103 or (817) 200-1140

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 04618
Status Code: Pending Amendment
Fee Category: 3L(1) 3P(1)
Exp. Date: 01/31/2031
Fee Comments: 170.11(A)(4) Fee Exempt University
Decom Fin Assur Reqd: Y

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: University of Hawaii, Radiation Safety Program
Received Date: 10/27/2022
Docket Number: 3007517
Mail Control Number: 633431
License Number: 53-00017-23
Action Type: Amendment

2. FEE ATTACHED

Amount: N/A

Check No.: N/A

3. COMMENTS

Signed: Carol L .Hill

Date: 11/08/2022

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / /)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment: _____

Renewal: _____

License: _____

3. OTHER _____

Signed: _____

Date: _____

Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3007517 LICENSE NUMBER: 53-00017-23 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 633431 RECEIPT DATE: 10/27/2022 ACTION TYPE: Amendment

DUE DATE: 01/25/2023 INST. CODE: 17 LICENSE REGION: Region 4

LICENSE TYPE: 30 ENTITY TYPE: S LICENSE GROUP: Academic

ISSUE DATE: ORIGINAL DATE: 07/29/1991 EXPIRATION DATE: 01/31/2031

DECOMMISSIONING CATEGORY: Group 2 LAST ISSUE DATE:

LICENSEE NAME: University of Hawaii, Radiation Safety Program DECOM FIN ASSUR REQD: Y
SUBM: Y

MAILING ADDRESS LINE1: 2444 Dole Street CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Honolulu STATE: HI ZIP: 96822

CONTACT PERSON: PREFIX: FIRST NAME: Michael MIDDLE INITIAL: S.

LAST NAME: Soles SUFFIX:

JOB TITLE: Radiation Safety Officer PHONE: 808-956-5097 FAX: 808-956-3205 EMAIL: msoles@hawaii.edu

BILLING ADDRESS LINE 1:

BILLING ADDRESS LINE 2:

CITY: STATE: Hawaii ZIP:

BILLING CONTACT PERSON: FIRST NAME: MIDDLE INITIAL: LAST NAME:

PHONE: EMAIL: FAX:

PRIMARY PGM CODE: 04618 SECONDARY PGM CODE: 04416,04420

INSPECTION REGION: Region 4 PRIORITY: 3

RSO: PREFIX: FIRST NAME: Michael MIDDLE INITIAL: S. LAST NAME Soles

SUFFIX: RSO JOB TITLE: Radiation Safety Officer

RSO PHONE: 808-956-5097 RSO FAX: 808-956-3205 RSO EMAIL: msoles@hawaii.edu

STATES WHERE USE IS AUTHORIZED: 3
0- ALL LISTED STATES
1- SAME AS STATE IN ADDRESS
2- ALL STATES
3- NON-AGREEMENT-STATES

AUTHORIZED STATES (USE ONLY IF ABOVE IS ZERO):