

DECLARATION REQUEST

1. DECLARATION REQUEST for URANIUM: SCRAP STORAGE 2. DECLARATION NUMBER: _____

SECTION I (Items 1-6) - FOR USE BY GENERATOR

I N S T R U C T I O N S	<p>(1) A scrap or storage declaration package is comprised of completed Forms OR-658A through OR-658G. Please identify if this declaration is submitted as "scrap" or "storage" by placing an "X" in the appropriate box for Item 1.</p> <p>(2) Please assign a Declaration Number to this package. A Declaration Number is generally comprised of the generator's three letter RIS followed by a dash and four numerical digits for the calendar year the declaration is submitted in, followed by another dash and a three digit number to identify the chronological/sequential numbering for declarations submitted by this RIS for the calendar year (e.g., FZF-2004-001). The Declaration Number assigned in Item 2 of this form should be carried forward to forms OR-658B through OR-658G.</p> <p>(3) A declaration should be comprised of materials that are of the same material form and constituents.</p> <p>(4) It is imperative that a complete and concise description of both the material and packaging be furnished with each declaration request. Forms OR-658B through OR-658G must be utilized for this purpose. If material requires repackaging prior to shipment, please provide as much packaging information as possible based on the packaging plan for this material. Indicate on Forms OR-658C-1 and OR-658D-1 if the packaging information provided is actual or proposed.</p> <p>(5) If material is not available for immediate delivery to a reprocessor, provide a detailed explanation on a separate sheet and attach to this request form.</p> <p>(6) After all forms have been completed, forward the original package to the shipper's DOE/NNSA Field Office and send copy to the attention of the Central Scrap Management Office, Y-12 National Security Complex, PO Box 2009, Oak Ridge TN 37831-8236.</p>
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3. GENERATOR NAME:

GENERATOR ADDRESS:

Generator Site Representative hereby certifies that the material covered by this request will be in conformance with all applicable regulations.

4. DATE:	5. PRINTED NAME: TITLE: PHONE NUMBER: E-MAIL ADDRESS:	6. SIGNATURE:
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SECTION II (Items 7-9) - FOR CONCURRENCE BY COGNIZANT DOE/NNSA FIELD OFFICE

(Forward signed form to the Y-12 National Security Complex.)

7. DATE:	8. DOE/NNSA FIELD OFFICE NAME:	9. SIGNATURE:
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SECTION III (Items 10-16) - FOR USE BY THE CENTRAL SCRAP MANAGEMENT OFFICE (CSMO)

10. RESPONSE:

Concurrence of Section III by the Y-12 National Security Complex

11. DATE:	12. Y-12 National Security Complex CSMO Manager Patricia B. Helms	13. SIGNATURE:
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Concurrence of Section III by the NNSA Y-12 Site Office

14. DATE:	15. NNSA-YSO CSMO Manager Becky G. Eddy	16. SIGNATURE:
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DECLARATION DESCRIPTION

Declaration Number: _____

MATERIAL

General Description of Material: (including type of material, physical and chemical form, description of matrix for mixtures, amount, etc.)

History of Material: (including original purpose of the material and detailed historical information concerning processing, handling and storage of the material.)

Has this material been **contaminated** with or does it contain quantities of **fission products** or any **transuranic elements** other than those occurring naturally due to radioactive decay (such as: plutonium, neptunium, technetium, cesium, americium, etc.)? **YES** _____ **NO** _____

If **YES**, list the contaminant, transuranic, or fission products and the amounts. (Attach a separate table, if needed.)

PACKAGING

General Description of Packaging (Inner to Outer)

Example:

Packaging that is in direct contact with material:	<i>Material (foil) in 1-liter polybottle</i>
Next level of packaging:	<i>Polybottle in plastic bag</i>
Next level of packaging:	<i>Plastic bag in paint can</i>
Next level of packaging:	<i>Paint can in stainless steel 5-gallon can</i>
Next level of packaging:	N/A
Next level of packaging:	N/A
Next level of packaging:	N/A
Shipping Container:	<i>5-gallon can in stainless steel 55-gallon drum with vermiculite</i>

For This Declaration:

Packaging that is in direct contact with material:	_____
Next level of packaging:	_____
Shipping Container:	_____

SHIPMENT

RIS location of material to be shipped from:	_____
Name of Shipping Site Representative:	_____
Shipping Site Rep Phone Number:	_____
Shipping Method (commercial or government):	_____

SHIPPING CONTAINER DATA - Part 1

Declaration Number: _____

The Shipping Container is the outermost element of a shipping package and is also known as the "outer confinement" package.

<p>Is packaging information you are providing in the table below based on actual or proposed packaging?</p>	<p>Actual packaging that meets or exceeds shipping requirements _____</p> <p>Approximate date (mo/yr) material was packaged _____</p>	<p>Proposed packaging that meets or exceeds shipping requirements _____</p> <p>Approximate date (mo/yr) material will be packaged _____</p>
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Shipping Container Data - Part 1									
Type A or Type B Packaging (A or B)	Shipping Container Serial/ID Number	Shipping Authorization for Type B and Type A Fissile Packaging (e.g., NRC CoC Number, NNSA OTC Number, or DOT-approved package)	NRC CoC or NNSA OTC Revision Number for Type B and Type A Fissile Packaging	Shipping Container Security Seal/TID Number	Shipping Container Size (e.g., 55-gal)	Shipping Container Construction Material (e.g. stainless steel)	Type Packing Material used within the Shipping Container (e.g. celotex)	Gross Weight (Shipping Container + Contents) (Indicate unit of measure)	
		Total number of shipping containers on this page of Form OR-658C-1				Total Gross Weight (kgs) on this page of Form OR-658C-1			
		Grand Total number of shipping containers on Form OR-658C-1 (all pages)				Grand Total Gross Weight (kgs) on Form OR-658C-1 (all pages)			

INNER (PRIMARY) CONTAINER DATA - Part 2

Declaration Number: _____

Inner (Primary) Container Data - Part 2								
Shipping Container Serial/ID Number <small>(Form OR-658C-1)</small>	Inner (Primary) Container Serial/ID Number <small>(Form OR-658D-1) (if applicable)</small>	Gross Weight of Inner (Primary) Container <small>(grams)</small>	Tare Weight of Inner (Primary) Container <small>(grams)</small>	Net Weight of Inner (Primary) Container <small>(grams)</small>	Removable Surface Contamination on the Inner (Primary) Container <small>(Alpha) dpm/100cm²</small>	Removable Surface Contamination on the Inner (Primary) Container <small>(Beta-Gamma) dpm/100cm²</small>	Gamma Exposure @ 1 foot from Outer Surface of Inner (Primary) Container <small>(mR/hr)</small>	Deep Dose (gamma + neutron @ 1 foot from Inner (Primary) Container) <small>(mrem/hr)</small>
Total Weights on this page of Form OR-658D-2								
Grand Total Weights on Form OR-658D-2 (all pages)								

MATERIAL DATA - Part 1

Declaration Number: _____

Material data applies to the actual item(s) being shipped.

Material Data - Part 1									
Shipping Container Serial/ID Number (Form OR-658C-1)	Inner (Primary) Container Serial/ID Number (Form OR-658D) (if applicable)	Material Item ID Number	Site Nuclear Material Inventory Assessment (NMIA) ID Number	**Material Description**	COEI/ ANSI Code	Net Weight of Material (grams)	Grams Uranium	Weight % U-235	Grams U-235
Total on this page of Form OR-658E-1									
Grand Total on Form OR-658E-1 (all pages)									

** Attach description of composition (lab analysis) if isotopes of uranium other than U-235 (U-232, U-233, U-234, U-236, or U-238) or elements other than uranium are present; e.g., alloyed metal, radionuclides (other than uranium and daughters in secular equilibrium), impurities, etc.; Provide description of matrix for mixtures.**

**IRRADIATION QUESTIONNAIRE
AND CONCURRENCE STATEMENT**

Declaration Number: _____

Is the material listed in this declaration irradiated?

___ Yes ___ No

If the material is not irradiated and has no known contaminants, please sign below as a confirmation.

I concur that the material described in this declaration is not irradiated and has no known contaminants resulting in discrete quantities of fission products or transuranic elements.

Shipping Site Representative **Printed Name:** _____

Shipping Site Representative **Signature:** _____

Date: _____

If the material is irradiated or slightly irradiated, please complete the following questions.

When was the material **first** irradiated or made critical or subcritical? _____

How long did the material remain in this condition? _____

When was it **last** irradiated or made critical or subcritical? _____

How long did the material remain in this condition? _____

What was the neutron flux to which the material in question was subjected? _____

For how long? _____

For **solids**, what is the removable, alpha surface activity in dpm/100 cm² for each item:

a. attributed to transuranics (e.g., neptunium, plutonium, americium) _____

b. attributed to uranium _____

What is the alpha activity in curies per gram or multiples thereof for each alpha-emitting radionuclide? (Uranium alpha activity may be combined to yield a total uranium value with the exception of U-232 and U-233. Values for U-232 or U-233 should be included separately.)

What is the beta activity in curies per gram or multiples thereof for each beta emitting radionuclide? (Uranium daughter beta activity may be combined to yield a total uranium value.)

What is the gamma activity in curies per gram or multiples thereof for each gamma emitting radionuclide?

What is the source of information/documentation for compiling your responses to the questions on this form?

I concur that the information provided above regarding irradiated or slightly irradiated material is correct.

Shipping Site Representative **Printed Name:** _____

Shipping Site Representative **Signature:** _____

Date: _____

NON-RCRA CERTIFICATION STATEMENT

"We certify according to process knowledge or through analytical determination that the contents of the containers in Declaration Request _____ do not contain Resource Conservation and Recovery Act (RCRA) Hazardous Waste as identified in 40 CFR 261.3."

Generator Site Name: _____

Generator Site Representative Printed Name: _____

Generator Site Representative Signature: _____

Date of Signature: _____