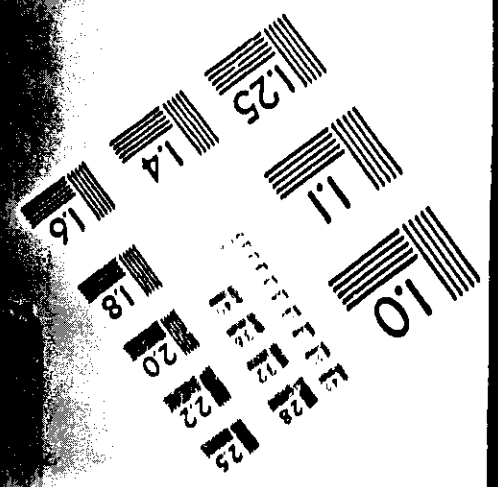
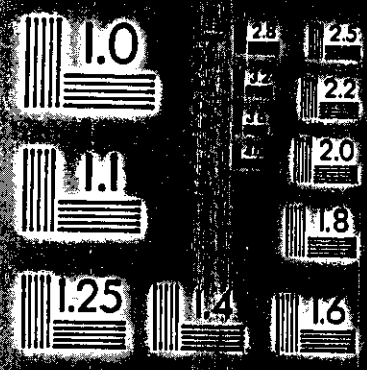
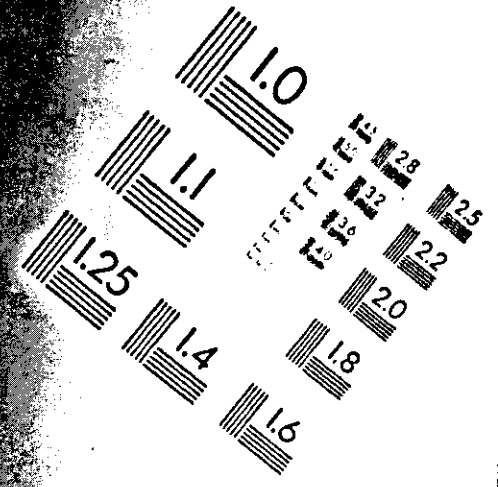
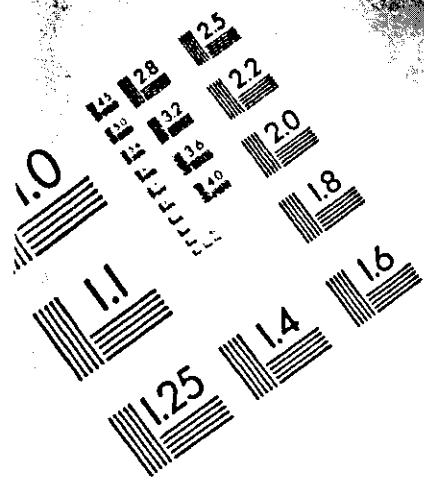


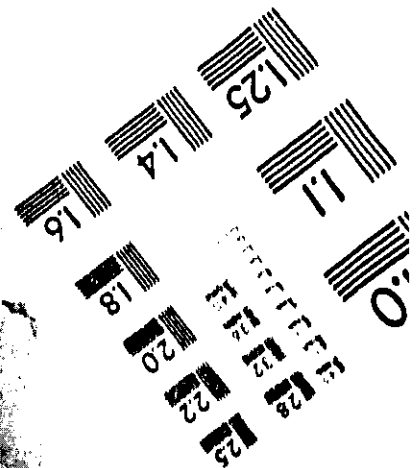
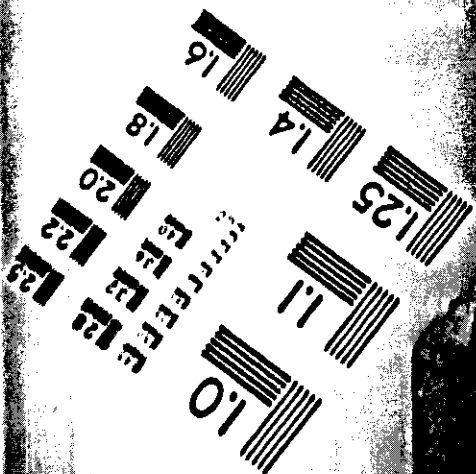
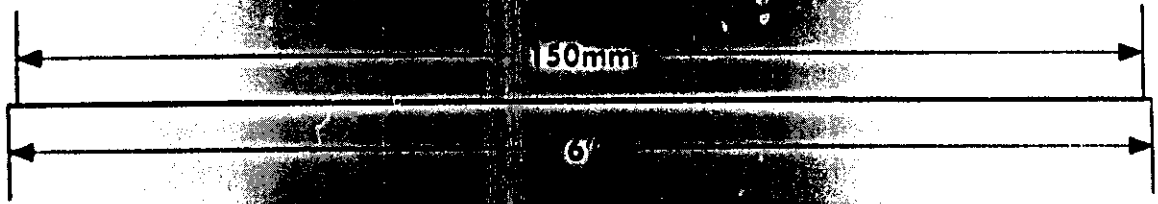
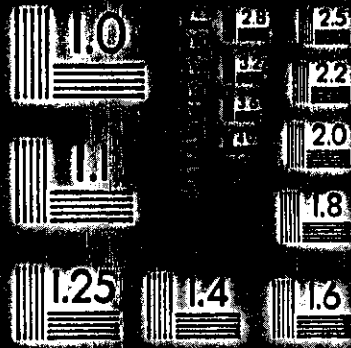
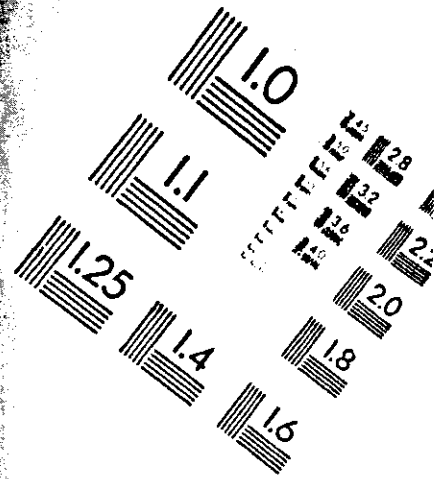
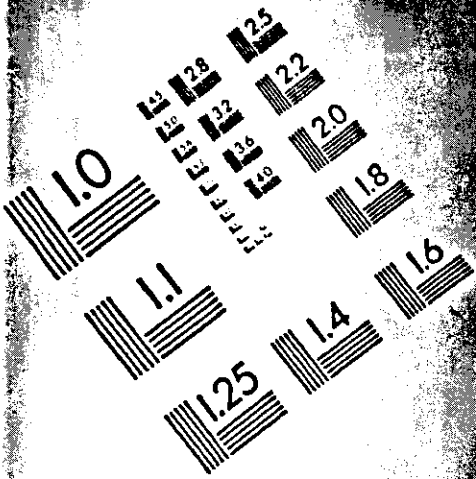
1

IMAGE EVALUATION
TEST TARGET (MT-3)



1

IMAGE EVALUATION
TEST TARGET (MI-3)



10: Department of Environmental Protection, Air Compliance Section, State Office Bldg., Hartford, Conn. 06115. Tel 566-2690

1. APPLICATION NO. **27** 2. STACK NO. **1**

BUSINESS ADDRESS (No. & Street, City or Town) **20 RISHAW ST. NEW HAVEN, CONN** ZIP CODE **06520** PHONE **436-1459**

LEGAL NAME **YALE UNIVERSITY**

APPLICANT **THOMAS D HEIKLE FOR YALE UNIVERSITY**

INSTALLATION **SPRINKLER REPAIR MEDICAL CENTER**

INDICATOR OF FUEL TYPE:

- A. TYPE: MFG. OFFICE RETAIL OR WHOLESALE STORE SCHOOL OR CHURCH MOTEL HOSPITAL OR LAB. WAREHOUSE RESIDENCE OR APTS. OTHER (Specify)
- B. TYPE OF CHAMBER: SINGLE CHAMBER MULTI-CHAMBER DESTROYER OTHER (Specify)
- C. TYPE OF BURNER: GASEOUS SOLID DOOR BUTTERFLY GULFSTREAM NONE OTHER (Specify)
- D. TYPE OF FEEDING: FLUE CHUTE DIRECT OTHER (Specify)
- E. LOCATION OF BURNER: UP PASS BREACHING RUE CONNECTOR OTHER (Specify)
- F. NUMBER OF BURNERS: 1 2 3 4 5 6 7 8 9 10 OTHER (Specify)
- G. AIR PREHEATING SYSTEM: YES NO
- H. TYPE OF DUCT: FORCED INDUCED NATURAL

3. EQUIPMENT INFORMATION

TYPE OF WASTE	AMOUNT BURNED (Lb./Yr.)	FREQUENCY OF BURNING (M./Yr.)	RATED CAPACITY (Lb./Hr. or Tons/Yr.)	POLLUTANTS	DATE SOURCE STARTED UP	MEASURING GAS TEMPERATURE (°F)	NO. OF BURNING UNITS
1. FUEL	2.000	2	400	CO, SO ₂ , NO _x , H ₂ O, O ₂	1917	475	1
2. FUEL	4.000	2	400	CO, SO ₂ , NO _x , H ₂ O, O ₂	1917	475	1
3. FUEL	5.000	2	400	CO, SO ₂ , NO _x , H ₂ O, O ₂	1917	475	1
4. FUEL	6.000	2	400	CO, SO ₂ , NO _x , H ₂ O, O ₂	1917	475	1
5. FUEL	7.000	2	400	CO, SO ₂ , NO _x , H ₂ O, O ₂	1917	475	1
6. FUEL	8.000	2	400	CO, SO ₂ , NO _x , H ₂ O, O ₂	1917	475	1
7. FUEL	9.000	2	400	CO, SO ₂ , NO _x , H ₂ O, O ₂	1917	475	1
8. FUEL	10.000	2	400	CO, SO ₂ , NO _x , H ₂ O, O ₂	1917	475	1
9. FUEL	11.000	2	400	CO, SO ₂ , NO _x , H ₂ O, O ₂	1917	475	1
10. FUEL	12.000	2	400	CO, SO ₂ , NO _x , H ₂ O, O ₂	1917	475	1

4. CERTIFICATION

I certify that I have examined the above information and that to the best of my knowledge it is true and complete. (Signatures subject to prior provisions of the General Statutes regarding false and misleading information.)

Name of person furnishing information: **Thomas D Heikle** TITLE: **MANAGER** DATE: **9/25/86**

Distance to stack from information: **50'** DIRECTION TO STACK: **N, NE, E, SE, S, SW, W, NW**

George Holeman
Department of Radiation Safety

Yale University

Date: 1/26/89

To: Glenda [unclear]

PLEASE:

- | | |
|---|--|
| <input type="checkbox"/> Take suitable action | <input type="checkbox"/> For your approval |
| <input type="checkbox"/> Reply directly to _____ | <input type="checkbox"/> For your reaction or recommendation |
| <input type="checkbox"/> See (phone) me re the attached | <input checked="" type="checkbox"/> For your information |
| <input type="checkbox"/> Return to this office | <input type="checkbox"/> Retain or discard |
| <input type="checkbox"/> Forward to _____ | <input type="checkbox"/> For your files |
| <input type="checkbox"/> Send copies to _____ | <input type="checkbox"/> Per our conversation |
| | <input type="checkbox"/> As requested |

Remarks:

Control No. 7036
As a result of the new tele-
phone number, I am enclosing
two letters to Miles
Laboratory concerning their
work at the [unclear]
O.C. [unclear]
Thank you for your assistance

From:

[Signature]

203
432-3040
Reorder Stock No. 39555
[Signature]

Enclosures 2

9/15/87
3/23/88

107718

Yale University
Office of the Provost
ATTN: Mr. Edward A. Adelberg
Deputy Provost for the
Biomedical Services
New Haven, CT 06520

Gentlemen:

This refers to your letter dated November 14, 1988, for an amendment to Materials License 06-00183-03 to authorize changes in membership of the Radiation Safety Committee.

An amendment fee of \$120 is required as specified in §170.31 (3L) of 10 CFR 170, copy enclosed. Payment should be made to the U.S. Nuclear Regulatory Commission and mailed to my attention at our Washington, D.C. address.

Your application will be processed by the Region I Licensing staff located at 475 Allendale Road, King of Prussia, Pennsylvania 19406. The fee, however, is required prior to issuance of the amendment. When submitting the fee, please refer to CONTROL NUMBER 109892.

Sincerely,

Grinda Jackson

Grinda Jackson
License Fee Management Branch
Division of Accounting and Finance
Office of Administration and
Resources Management

Enclosure:
10 CFR 170

cc: Region I

DISTRIBUTION:
Pending Fee File
ARM/DAF R/F
LFMB R/F (2)
DW/RI/YALE UNIV

*To Be V. led + Combined
w/RAW per 11/23/87*

OFFICE: ARM/LFMB
SURNAME: SKimberley:kb
DATE: 12/ 6 /88

ARM/LFMB
Grinda Jackson
12/7/88

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH
AND
REGIONAL LICENSING SECTIONS

PROGRAM CODE: 01100
STATUS CODE: 2
FEE CATEGORY: 3L EX 3L 2G
EXP. DATE: 19870930
FEE COMMENTS: 3L FEE FOR MILES LAE

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
APPLICANT/LICENSEE: YALE UNIVERSITY
RECEIVED DATE: 8/11/88
DOCKET NO.: 3080582
CONTROL NO.: 109892
LICENSE NO.: 06-00183
ACTION TYPE: AMENDMENT

2. FEE ATTACHED
AMOUNT: \$
CHECK NO.: \$

3. COMMENTS
*Committee oversees Miles also
fee due*

B. LICENSE FEE MANAGEMENT BRANCH OF THE REGIONAL MILESTONE 03 IS ENTERED 1..T

1. FEE CATEGORY AND AMOUNT: 3L EX 3L 2G

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:
AMENDMENT
RENEWAL
LICENSE

3. OTHER

*Renewal Pending is
To Be Voided
combined with
107718 (Renewal)
per Jamie Friedman
1/23/89
9/1 Jackson*

*EMW
NOV 22 1988*

(FOR LFMS USE)
INFORMATION FROM LMS

BETWEEN: LICENSE FEE MANAGEMENT BRANCH AND
AND
REGIONAL LICENSING SECTION

PROGRAM CODE: 01100
STATUS CODE: 2
FEE CATEGORY: 3L EX 3L 2G
EXP. DATE: 19370930
FEE COMMENTS: 3L FEE FOR MI
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: YALE UNIVERSITY
APPLICATION DATE: 870921
CONTROL NO.: 107837
LICENSE NO.: 06-0018
ACTION TYPE: AMENDMENT

*Combined
w/ 107718*

2. FEE ATTACHED

AMOUNT: _____
CHECK NO.: _____

3. COMMENTS

SIGNED _____
DATE _____

5. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE D3 IS ENTERED /_/_/)

1. FEE CATEGORY AND AMOUNT: _____

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:
AMENDMENT _____
RENEWAL _____
LICENSE _____

3. OTHER _____

SIGNED _____
DATE _____

BETWEEN: C. James Holloway, Chief
License Fee Management Branch
Office of Resource Management

John E. Glenn, Chief
Nuclear Materials Safety & Safeguards Section B
Division of Radiation Safety and Safeguards

X

030-00582
01102
9/87

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Yale Univ

Application Dated: 8/10/87

Control No.: 107718

License No.: 00183-03

2. FEE ATTACHED

Amount: 0

Check No.: 0

3. COMMENTS

note: miles Inst not used in this renewal (see credit 10)
A separate request was made for deleting of spec. fees.
miles Inst used in the period of Oct-Dec.
see 9/9/87 phone conv. SM

Signed: [Signature]

Date: 8/31/87

B. LICENSE FEE MANAGEMENT BRANCH

1. Fee Category and Amount: 36 EX 3 FEE EXEMPT for

2. Correct Fee Paid: Application may be processed for: 170.116 (4)

Amendment

Renewal

License

See fee block
note
dated 9/11/87
phone conv.

Signed: [Signature]

Date: 9/9/87

Note To: License Fee Management Section, ADM
From: Region I
Subject: VOIDED APPLICATION

Control Number 109892

Applicant Yale University

Date Voided 89-02-08

Reason for Void:

This Amendment action will be combined with mail
control # 107718 (Renewal) per Laurence Friedman, 1/23/89

Rebecca Brown 89-02-08
Signature Date

Attachment:
Official Record Copy
of Voided Action

OFFICIAL RECORD COPY (MLT)