



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
RADIOLOGICAL HEALTH SECTION

LOW-LEVEL RADIOACTIVE WASTE (LLRW) MANAGEMENT FUND
QUARTERLY REPORT FORM

Paragraph (a) of Section He-P 4071.03 Quarterly Reports and Fees of the New Hampshire Rules for the Control of Radiation, (NHRCR) specifies that any person who generates LLRW requiring transfer to an authorized LLRW disposal site, as provided in He-P 4030.16, NHRCR, in a 3-month period shall file certified quarterly activity reports with the division. When subject to the applicable provisions of Part He-P 4071, NHRCR, please complete and submit this form, to the address stated below, along with the appropriate fee and other required information.

1. Licensee/Generator _____

2. Mailing Address _____

3. Radioactive Material License Number _____

4. Name/Telephone Number of person qualified to answer questions concerning this report _____

5. Reporting Quarter _____

6. Indicate the total cubic feet and activity in millicuries shipped for disposal during this calendar quarter reporting period and calculate total Agency fee as follows: (One 55-gallon drum is equivalent to about 7.5 cubic feet.)

Table with 3 columns: LOCATION, ACTIVITY (millicuries), CUBIC FEET. Rows include Andrews, TX; Clive, UT; Other; and a TOTAL row with a calculation: x \$15/ft³ = \$

CERTIFICATE: I certify under penalty of law that this document and all attachments were prepared in conformity with the New Hampshire Rules for the Control of Radiation under my direction or supervision. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Signatory _____ Date _____

Typed/Printed Name and Title _____

Please submit this completed form, on or before the due date stated in He-P 4071.03, NHRCR, Table 4071.1, along with a copy of the waste manifest and a check made payable to "Treasurer, State of New Hampshire," to:

Radiological Health Section
Division of Public Health Services
NH Department of Health & Human Services
29 Hazen Drive
Concord, New Hampshire 03301