



Arkansas Department of Health
Radiation Control Section
4815 West Markham, Slot #30
Little Rock, Arkansas 72205-3867
(501) 661-2301

FOR ADH USE ONLY

NGL- _____

NOTIFICATION OF A NORM FACILITY FORM REGARDING GENERAL LICENSURE

____ INITIAL ____ UPDATE

If updating an existing notification, list NORM General License number: NGL- _____

PART I

NORM NOTIFIER INFORMATION

Name: _____

Job Title: _____

Telephone: _____ Ext: _____ Fax: _____

Email address: _____

MAILING ADDRESS

Address: _____

City: _____ State: _____ Zip Code: _____

BILLING ADDRESS

Address: _____

City: _____ State: _____ Zip Code: _____

PART II

NORM SITE INFORMATION

Type of site: _____

Site name or well name*: _____ Site ID # or well SN: _____

Field lease name (if applicable): _____ Field ID#: _____

Physical location: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Section: _____ Township: _____ Range: _____

LONGITUDE

LATITUDE

_____ ° _____ ' _____ " _____ ° _____ ' _____ "

Location telephone: _____

Directions to site (origin point from nearest city limits):

Briefly describe site (size, terrain, structures, etc.):

Describe how site became subject to NORM regulations/type of contamination:

*If reporting multiple wells/NORM areas, complete Appendix A.

PART III

SURVEY INFORMATION*

Survey date: _____ Radiation instrument used: _____

Calibration date: _____ Background reading (microR/hr): _____

Surveyor's name and Company: _____

Maximum exposure reading from a piece of equipment, on contact (microR/hr): _____

Maximum exposure reading from the ground or solids, on contact (microR/hr): _____

Maximum exposure reading at boundary of NORM storage area (microR/hr): _____

Background results (pCi/g): _____

Concentrations (pCi/g): Ra-226 _____ Ra-228 _____ other NORM nuclides _____

Approved/accredited laboratory that performed the analysis: _____

Please attach any exposure reading reports/survey maps and laboratory results.

*If reporting multiple wells/NORM areas, provide survey information for each. Attach information as needed.

PART IV

PROCEDURES

As applicable, please attach a Worker Protection Plan and/or a Waste Management Plan.

PART V

CERTIFICATION

Printed name of responsible party: _____ Job title: _____

Signature: _____ Date: _____

All information contained in this registration is true and complete to the best of my knowledge.

This notification of a NORM site assumes all components within the site/field are potentially contaminated. The Department will only consider the future release of the site/field for unrestricted use after all affected components (e.g., equipment, tubulars, land, etc.) are decontaminated and/or transferred out of the field.



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**APPENDIX A:
LIST OF OPERATOR CONTROLLED WELLS OR NORM AREAS**

WELL NUMBER	WELL NAME	SERIAL NUMBER
1.		
2.		
3.		
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