

Annex A

DOT-SP 10656 SHIPMENT APPROVAL FORM

Approval Number NC__ TN__ 19__ 01__ (Refer to SP 10656, paras. 8a-8b)

This shipment of scrap metal or related materials for recycle contains unidentified radioactive material causing low levels of radiation outside the transport vehicle. Shipment is under Special permit DOT-SP 10656 without a determination of materials meeting or not meeting the regulatory definition of radioactive material. The shipment is a minor radiological concern based on considerations of the U.S. Department of Transportation and the state official signing this shipment approval document.

DETAILS of DETECTION SITE, MATERIALS, and ORIGIN

Facility: Name GF Linamar Type: Aluminum Ingots for manufacturing process.

Address: 490 Fern Cliff Parks Drive, Mills River, NC 28732

① Contact person: Gino Pasquarosa Ph. 828 490 4308 Fax.

Highway or Rail Vehicle Type: Truck X Id.No.: Unklnown

Company: DMX Transportation Inc Operator name: Matt Ferguso

② Contact person: Kevin Hughes Ph. 864-877-7704 Fax.

Description of scrap and release risks: Aluminum Ingots

Radiation Measurement Date/time performed: 01/16/2019 9:39am

mrem/h (max) 8450 CPS location on vehicle Portal monitor

Inst.Mfgr./type/model RadLink Embedded Controller-serial# 0104REC3 Bkg. mrem/h 7300 CPS

Surveyor name: Ph.

Shipment Origin Company: Real Alloy Recycling Location:

338 Williamson Drive, Loudon, Tn, 37774 Scrap Origin: Unknown

③ Contact person: Ph. Fax.

RADIATION CONTROL OFFICIALS (Detection, Origin, Transit, Destination States)

Detection State Official (receiving radiation detection info) Name: Caleb Smith

④ Organization NC DHHS/RPS Ph. 919 814 2301 Fax. None

Origin State Official (prior to detection) Name: Debra Shults

Organization TN DECDRH Ph. 615 532 0364 Fax. 615 532 0614

Transit State Official (after detection) Name:

⑥ Organization Ph. Fax.

Destination State Official (after detection) Name:

⑦ Organization Ph. Fax.

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DESTINATION for RADIOACTIVE MATERIAL IDENTIFICATION and DISPOSITION

If carrier and shipper to this location are different than ② and ③, show info in REMARKS

Company Name: _____ Location: _____

⑦ Contact person: _____ Ph. _____ Fax. _____

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APPROVAL of SHIPMENT and SPECIAL CONDITIONS

Date: _____

Conditions: For travel back to origin for container review.

Signature: Caleb Smith Ph. 919 814 2301 Fax. _____

Title Health Physicist II Organization NC DHHS/RPS Date 1/16/2019

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IDENTIFICATION of RADIOACTIVE MATERIAL and DISPOSITION INFORMATION at DESTINATION

⑩ Name: _____ Title: _____ Date: _____

Organization: _____ Ph. _____ Fax. _____

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RECORD of TRANSMITTALS (Shipment Approvals and identification/disposition)
(Circumstances may influence distribution)

Shipment Approvals (Sent by ④ or ⑨) to _____ (Show date sent)

OED CRCPD _____ ① _____, ② _____, ③ _____,

⑤ _____, ⑥ _____, ⑦ _____, OTHER _____

Record of Identification and Disposition (Sent by ⑧, ⑩, or other _____) to

④ _____, ⑤ _____, ⑦ _____, OED CRCPD _____

OTHER _____

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