



# ANNUAL LOW LEVEL RADIOACTIVE WASTE (LLRW) REPORT

REPORTING PERIOD – CALENDAR YEAR 20\_\_ \_\_

Kentucky Radiation Health Branch  
275 East Main Street  
Mail stop HS 1C-A  
Frankfort, KY 40621  
FAX: 502 564-1492  
TEL: 502 564-3700

1. Licensee Information

Facility Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Address where LLRW stored and/or held for decay in storage (if different from above)

\_\_\_\_\_  
\_\_\_\_\_

In calendar year 20\_\_ \_\_ stated above, this license was (check one):

\_\_\_\_\_ newly granted      \_\_\_\_\_ active all year      \_\_\_\_\_ terminated

Person's responsible for low level radioactive waste management

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Person responsible for completing LLRW annual report

Name (printed): \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

2. Did this licensee possess or dispose of any low level radioactive waste (LLW) during this reporting period?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

NOTE: Return of nuclear medicine radioactive materials back to the originating pharmacy is considered a transfer of radioactive material and not waste generation or waste shipment for the purposes of this report. The same is true of sealed sources and devices returned to the manufacturer.

3. Did this licensee possess or dispose of any mixed radioactive waste during this reporting period?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

4. Does this licensee currently possess any LLW in storage?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

NOTE: This does not apply to medical wastes held in accordance with 902 KAR 100:072, Section 29.

**IF YOUR RESPONSE WAS "NO" TO QUESTIONS #2, #3 AND #4 ABOVE,**

**COMPLETE ITEM #14 AND RETURN THIS FORM**

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5. If yes to question 4, provide the following information, as defined in 902 KAR 100:021, Section 6 (2), Classes of Waste.

### STORED RADIOACTIVE WASTE

As defined in 902 KAR 100:021, Section 6 (2)

CLASS A	CLASS B	CLASS C
Volume (Cubic Feet)	Volume (Cubic Feet)	Volume (Cubic Feet)
Volume (Cubic Feet)	Volume (Cubic Feet)	Volume (Cubic Feet)

6. Which method(s) of disposal of LLW are used by your facility?  
(IF MORE THAN ONE METHOD OF DISPOSAL IS USED, RANK THE METHODS NUMERICALLY, ACCORDING TO VOLUME OF WASTE)

<input type="checkbox"/> Decay in storage	<input type="checkbox"/> Ship directly to LLW disposal site
<input type="checkbox"/> Sanitary sewer	<input type="checkbox"/> Use of LLW broker for final disposal
<input type="checkbox"/> Return to supplier	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Dilution via air effluent	

7. If radioactive waste was shipped directly to a disposal site or via a broker during this reporting period complete the following. (One 55 gallon drum is equivalent to 7.5 cubic feet)

<u>SHIPPED DIRECTLY TO:</u>	<u>CUBIC FEET</u>	<u>ACTIVITY (Millicuries)</u>
Richland, WA	_____	_____
Barnwell, SC	_____	_____
Envirocare, UT	_____	_____
Other _____	_____	_____
Via Broker	_____	_____

8. If a broker was utilized during this reporting period, indicate name, address and telephone number

Broker name \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City/State/Zip \_\_\_\_\_

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9. What were the five (5) isotopes with the highest activity disposed directly or via a broker at a disposal site?

10. Indicate by percentage the classification of the LLW, as defined in 902 KAR 100:021, Section 6 (2), shipped or stored for shipment:

Class A \_\_\_\_\_ Class B \_\_\_\_\_ Class A \_\_\_\_\_  
 Greater than Class C \_\_\_\_\_

11. Do you have any LLW in storage for future shipment, directly or via a broker, to a waste disposal site? Yes \_\_\_\_\_ No \_\_\_\_\_

12. If you have mixed waste in storage, or shipped mixed waste during the reporting period, please provide the following information.

Volume (cu.ft.)	Physical form (i.e. solid, liquid)	Radionuclides present	Activity (mCi)

13. Describe your plans for treatment, disposal or storage of mixed waste.

14. I hereby certify that the information provided is true and correct to the best of my knowledge and belief.

\_\_\_\_\_ Signature

\_\_\_\_\_ Title

\_\_\_\_\_ Type/Printed Name

\_\_\_\_\_ Date