License / ALARACT Revision Request



ALARACT: As Low As Reasonably Achievable Control Technology

*Any increase to abated or unabated potential to emit (PTE) is considered a ‘modification’ and requires an Appendix A Application per Washington Administrative Code (WAC) 246-247.*

DOH 320-105 March 2015

|  |  |
| --- | --- |
| Submittal Date: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | License Revision | |  | ALARACT Revision | |
|  | Condition Number: |  |  | New ALARACT Revision #: |  |
|  | Report of Closure | | | | |

### **PROJECT IDENTIFICATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Title: |  | | | |
| Current Notice of Construction (NOC) Number(s): | | | |  |
| Emission Unit (EU) Number(s): | |  | | |
| Current Approval Letter Number(s): | | |  | |

#### DESCRIPTION OF CHANGE

*You may attach additional pages, as needed. We will provide a new approval letter containing any new or modified conditions that result from the following proposed change.*

|  |  |
| --- | --- |
| *Number of Attachments:* |  |

**Enter original and proposed wording here:**

#### 

#### LICENSEE APPROVAL

|  |  |  |
| --- | --- | --- |
| *This form must be approved and submitted by senior management. The Radiation Safety Officer (RSO) may submit only if senior management has filed a statement with the Washington State Department of Health authorizing the RSO to approve applications and radiation safety program commitments.* | | |
| **Approving Manager / RSO** | | |
| Name: |  | |
| Title: |  | |
| Date Approved: |  | |
| Signature (if submitting hard copy): | |  |

**Send completed form to:**

Washington State Department of Health, Radioactive Air Emissions Section

309 Bradley Boulevard, Suite 201, Richland, Washington 99354

Fax: (509) 946-0876 or Email: [airrichland@doh.wa.gov](mailto:airrichland@doh.wa.gov)