

WASTE SURVEY

Classification of Facility: Utility Educational Medical Industrial Other

To what facility do you ship low-level radioactive waste for disposal? _____

Name of broker / processor / vendor you use: _____

Name of transportation company: _____

What class of low-level radioactive waste do you generate? (mark all that apply)

Class A _____ Class B _____ Class C _____ NORM _____

NARM _____ Mixed Waste _____ Other _____

What is your current storage-to-decay program? _____

How long could you store waste if you were unable to ship for disposal? _____

Will you incur extra costs if required to store? Yes / No

Approximate Costs \$ _____ Approximate Volume _____

What are your approximate annual costs for low-level radioactive waste management (includes minimization, storage, etc.)? \$ _____

Have any recent capital costs been incurred or planned for llrw management? _____

Have you modified, changed or deleted operations because of llrw disposal/management problems?

What are your concerns about future disposal of your llrw? _____

Please return to: Central Interstate LLRW Commission, PO Box 4770, Lincoln, NE 68504-0770

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