as certified by the Governor and is compatible with the AEC's regulatory program. The authority transferred to the State includes licensing and inspection of low level radioactive wastes. AEC, under its regulations, retains authority over wastes resulting from the processing of irradiated nuclear fuel. Thus, a State which has entered into an agreement with the AEC for the transfer of regulatory authority would supply, through its public health-radiological safety authority, licensing and inspection for low level wastes. For high level wastes, the AEC regulatory side would continue to license and inspect to see to it that such wastes are controlled in accordance with the AEC regulations. As I recall it, Illinois has not yet exercised this option; so this would be an AEC responsibility even for low level wastes.

Mr. DADDARIO. If you were to transfer this responsibility to a State, would you watch it, and if there occurred a period of political instability in that State, maybe some budgetary problems where they could not continue the maintenance control, could you then step in again?

Dr. TAPE. Part of the agreement with a State is to maintain compatibility with the Federal program of regulation in this area. We do meet with them and go over their plans and operations at regular intervals to assure ourselves that they are continuing as they indicated at the time of signing the agreement. The Commission is authorized to terminate or suspend the agreement with a State and reassert its own licensing and regulatory authority upon request of the Governor, or upon a finding that such termination or suspension is required to protect the public health and safety. I think we would prefer to help correct their deficiencies rather than to take away authority in any sense of reverting to Federal control. As noted earlier, however, the Commission's authority over wastes from plants which process irradiated fuel is not transferred by the agreement but is retained by AEC.

Mr. DADDARIO. But one way or the other, you do have a way to pull the thing back?

Dr. TAPE. We do have sufficient influence and control that this can be done.

Mr. DADDARIO. Dr. Lieberman, Mr. Carpenter was attracted by a magazine concerning the amount of radiation which may be harmful. Now, there are statements here about dosage levels. I am concerned about the problem. If there is an agreed-upon lifetime exposure, how do you take into consideration different parts of the country or the world where the natural radiation problem may be greater than in other parts? What happens when you need to be X-rayed, dental or otherwise, and how does this fit into this picture? How does the ordinary person, as he goes about his daily life, as he gets involved with radiation, natural and otherwise, medical, or what have you; how is he protected under this 10-percent emission or less?

Dr. LIEBERMAN. As an individual, I do not think anybody that goes for a dental X-ray or a chest X-ray has any more idea than a rabbit how much dosage he is getting.

Mr. DADDARIO. Does that include the fellow who is X raying him?

Dr. TAPE. Some.

Dr. LIEBERMAN. In some, I guess that is true. Although I have the impression, as a layman in this area, that that situation is improving markedly, that the dental associations and medical associations are indeed doing a substantial job in trying to keep to a minimum the amount of exposure that is required for medical reasons.