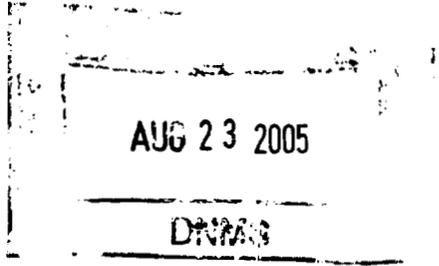




PO Box 4817
2030 11th Avenue
Helena, MT 59604
406.449.8627 • Fax 406.449.8631
www.greatwesteng.com



August 12, 2005

Ms. Colleen Murnahan
Division of Nuclear Materials Safety
Nuclear Materials Licensing Assistant
U.S. NRC Region IV
Texas Health Resources Tower
611 Ryan Plaza, Suite 400
Arlington, TX 76011-4005

RE: License No. 25-26814-01, Change of Ownership

Enclosed please find a Change of Ownership Form relating to the sale of the assets of the Helena, MT branch of Entranco to Great West Engineering, Inc.

Please feel free to contact me if you have any questions or require any additional information.

Sincerely,

Great West Engineering, Inc.

Joel S. Pilcher
Radiation Safety Officer

Enc.

Information Required for Change of Control and/or Change of Ownership
(to include a name change)

source: Appendix F of NUREG-1556, Volume 15 (Date Published: November 2000)

Please provide the following information concerning changes of control (transferor and/or transferee, as appropriate). If any items are not applicable, so state.

1. Provide a complete description of the transaction (i.e., transfer of stocks or assets, or merger). Indicate whether the name has changed and include the new name. Include the name and telephone number of a licensee contact who NRC may contact if more information is needed.

A. Description of the transaction: The Helena Branch of Entranco had it's assets purchased by a group of individuals in the office. The new name is Great West Engineering, Inc. Daniel McCauley was the branch manager for Entranco and is the President of Great West

B. No name change He can be reached at (406)4956151

New name of licensed organization: Great West Engineering, Inc.

C. No change in contact

New contact: _____

New telephone number: _____

2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel.

A. No changes in personnel having control over licensed activities.

Changes in personnel having control over licensed activities (e.g. officers of a corporation):

B. No changes in personnel named in the license.

Changes in personnel named in the license (e.g. RSO, AUs) - including training, experience and responsibilities:

3. Describe, in detail, any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.

Organization: The name changed to Equipment:
Great West Engineering, Inc.

Location: The front office has Procedures:
changed suite 10 to
suite 11.

Facility: Not applicable

4. Describe the status of the surveillance program (i.e., surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.

A. Description of the status of all surveillance program: Current surveillance Program includes inventory and leak test every six months, along with a yearly audit. No change in this program is planned.

B. Surveillance Items & Records: calibrations, leak tests, surveys, inventories, and accountability requirements will be current at the time of transfer

Yes No (explain)

5. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.

Records transferred to:

New licensee NRC for license termination Not applicable

6. Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.

Description of proposed licensed program attached

OR

Great West Engineering, Inc. will abide by all constraints, conditions, requirements and commitments of Entranco.
(transferee) (transferor)

David M. McLaughlin
Signature/Title PRESIDENT
Transferee

David C. Cech
Signature/Title CEO/President
Transferor

JUN 6, 2005
date

7/15/05
date

OR

Not applicable (name change only)

Joel S. Pilcher
Certifying Officer - Signature

7/6/05
Date

Joel S. Pilcher, Radiation Safety Officer
Certifying Officer - Typed name and title

10/19/05
DATE

This is to acknowledge the receipt of your letter/application dated 8/12/05, and to inform you that the initial processing, which includes an administrative review, has been performed.

There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card:

The action you requested is normally processed within 90 days.

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 470687.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Cecelia Murahan
Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LEMS USE)

INFORMATION FROM LTS

: Program Code: 03121
: Status Code: 0
: Fee Category: 3P
: Exp. Date: 20110731
: Fee Comments:
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ENTRANCO, INC.
Received Date: 20050823
Docket No: 3020347
Control No.: 470687
License No.: 25-26814-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed Colleen M. ...
Date 9/15/05

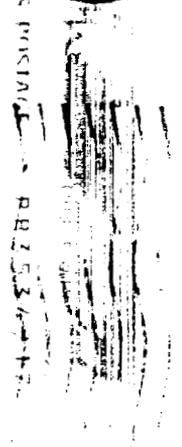
B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / __/)

- 1. Fee Category and Amount: _____
- 2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____
- 3. OTHER _____

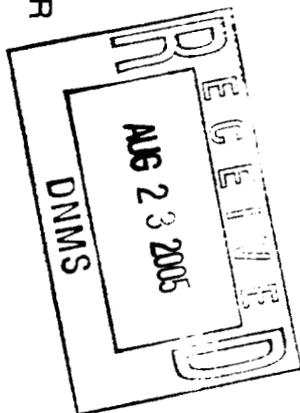
Signed _____
Date _____



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2030 11th Avenue
Helena, MI 59604
www.greatwesteng.com



COLLEEN MURNAHAN
US NRC REGION IV
TEAX HEALTH RESOURCES TOWER
611 RYAN PLAZA, SUITE 400
ARLINGTON, TX 76011



76011#4005

