

## ACCEPTANCE REVIEW MEMO

**Licensee:** Housing Authority of the Choctaw Nation of OK  
**License No.:** 35-27650-01      **Docket No.:** 030-35272  
**Mail Control No.:** 470780  
**Type of Action:** Amend    **Date of Requested Action:** 11-15-05  
**Reviewer Assigned:** Jackie    **Date Assigned to Reviewer:** 11-30-05  
**Reviewer(s) Who Performed Review:** Torres

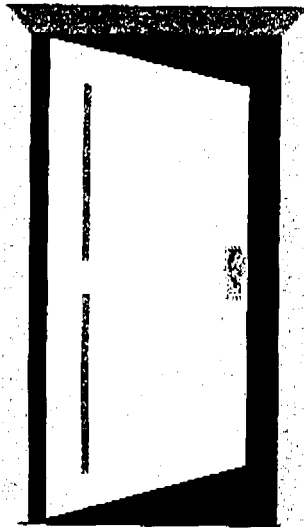
Response Received	Deficiencies Noted During Acceptance Review
JAC	1. Submit training certificate for Theresa Gallant.
	2.
	3.
	4.

**Reviewer's Initials:** JAC      **Date:** 12/16/05  
**Branch Chief's and/or SR. HP's Initials:** ASC      **Date:** 12/27/05

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Action - decommissioning notification should be issued within 30 days.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Termination request < 90 days from date of expiration
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Action to be expedited
		<input type="checkbox"/> Medical emergency <input type="checkbox"/> Licensee in noncompliance (i.e. no RSO, location of use/storage not on license, radioactive material in possession not on license) <input type="checkbox"/> National Security <input type="checkbox"/> Other ( _____ )
<b>Branch Chief's and/or Sr. HP's Initials:</b> _____		<b>Date:</b> _____

SISP Review		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<b>Non-Publicly Available, Sensitive</b> if <u>any</u> item below is checked <input checked="" type="checkbox"/> Radionuclides, forms, and quantities <input checked="" type="checkbox"/> Location of RAM <input checked="" type="checkbox"/> Building drawings with locations of RAM <input checked="" type="checkbox"/> Security of RAM (locks, alarms, etc.) <input checked="" type="checkbox"/> SS&D Catalog information <input checked="" type="checkbox"/> Specifics of Emergency Plan (routes to and from RAM, response to security events, etc.) <input checked="" type="checkbox"/> Safeguards Information
<b>Branch Chief's and/or Sr. HP's Initials:</b> <u>ATC</u>		<b>Date:</b> <u>11/30/05</u>

817-860-8263



OPENING  
NEW  
DOORS  
FOR  
THE  
FUTURE

**FAX COVER**

**Housing Authority of the Choctaw Nation of Oklahoma**

P.O. BOX G HUGO, OKLAHOMA 74743

580-326-7521 OR 1-800-235-3087

FAX # 580-326-4970

**DEVELOPMENT DEPARTMENT**

(JAYSON, TERESA, & ADA)

(INSPECTORS: KENO)

TO: <i>Jackie Cook</i>	DATE: <i>12-7-05</i>
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FROM: Teresa Gallant
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COMMENT: Completion of Nuclear

Gauge Safety Officer Class

IF YOU DO NOT RECEIVE 2 PAGE(S) AFTER THE COVER, PLEASE CALL

# Certificate of Completion

This certifies that

**Teresa Gallant**

has successfully completed the  
**Radiation Safety Officer Class**

conducted by the training department of  
*Troxler Electronic Laboratories, Inc.*

*Robert Wilson*

**Robert Wilson**  
Instructor

**11/3/2005**

Date

*William F. Troxler, Jr.*  
**President**



**Troxler Electronic Laboratories, Inc.**

PO Box 12057 • 3008 Cornwallis Rd. • Research Triangle Park, NC 27709

Phone: (919) 549-8661 • Fax: (919) 549-0761 • Web site: [www.troxlerlabs.com](http://www.troxlerlabs.com)

Enrollment ID: 16110

470780

# HAZMAT Certification

as required by U.S. DOT and IATA

*This certifies that*

**Teresa Gallant**

*has been trained and tested in accordance with the U.S. Department of Transportation and International Air Transport Association (IATA) hazardous material requirements for general awareness/familiarization, function-specific, safety, and security awareness training as related to the transportation of nuclear gauges. A description of the training course materials is available from Troxler Electronic Laboratories, Inc.*

<b>11/3/2005</b>	<b>11/3/2007</b>	<b>11/3/2008</b>	<b>Robert Wilson</b>
<i>Training Date</i>	<i>Expiration per IATA*</i>	<i>Expiration per USDOT*</i>	<i>Instructor</i>

*\* For shipments by air, the IATA expiration date is applicable. For shipments by highway, the USDOT expiration is applicable.*



**Troxler Electronic Laboratories, Inc.**

PO Box 12057 • 3008 Cornwallis Rd. • Research Triangle Park, NC 27709  
Phone: (919) 549-8661 • Fax: (919) 549-0761 • [www.troxlerlabs.com](http://www.troxlerlabs.com)

*Certified by*

*Company Official:* \_\_\_\_\_

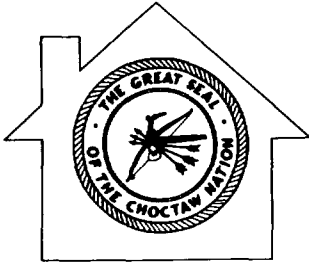
*Company Name:* \_\_\_\_\_

*Company Address:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Enrollment ID: 16110*



*Housing Authority of  
The Choctaw Nation of Oklahoma*

NOV 29 2005

RUSSELL SOSSAMON  
EXECUTIVE DIRECTOR

DUANE WINSHIP  
DEPUTY DIRECTOR

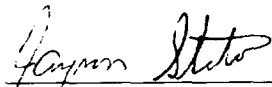
1005 South 5th Street P.O. Box G 580/326-7521  
1-800-235-3087 Fax 1-580-326-7641


**HUGO, OKLAHOMA 74743**

November 15, 2005

RE: Troxler Gauge - License # 35-27650-01  
Exp. Date December 31, 2009  
Docket # 030-35272

I, Jayson Staton would like to transfer the responsibility of RSO to Teresa Gallant. As of November 15, 2005, Teresa Gallant will be the new RSO for our department.

  
Jayson Staton  
Development Supervisor

  
Teresa Gallant  
Development

470780

12/13/05  
DATE

This is to acknowledge the receipt of your letter/application dated 11-15-05, 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:

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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 470780.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at 817-860-8103.

Sincerely,

*Cecilia Murnahan*  
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: 20091231
: Fee Comments:
: Decom Fin Assur Reqdt: N
: .....
```

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: CHOCTAW NATION OF OKLAHOMA  
 Received Date: 20051129  
 Docket No.: 3035272  
 Control No.: 470780  
 License No.: 35-27650-01  
 Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
 Check No.: \_\_\_\_\_

3. COMMENTS

Signed *Colleen Murcher*  
 Date 11/30/05

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 \_\_\_\_\_

*Housing Authority of  
The Choctaw Nation of Oklahoma*

P.O. Box G  
Hugo, Oklahoma 74743



*Handwritten signature*



5.00 370

U.S. POSTAGE

Nuclear Regulatory Commission  
Region IV  
Licensing Branch

**RETURN TO SENDER  
RECIPIENT NO LONGER AT  
THIS ADDRESS, BOX # OR  
SUITE #**



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