

## ACCEPTANCE REVIEW MEMO

**Licensee:** Montana Tech of the University

**License No.:** 25-15640-01

**Docket No.:** 030-09501

**Mail Control No.:** 470790

**Type of Action:** Amend **Date of Requested Action:** 12-02-05

**Reviewer Assigned:** **Date Assigned to Reviewer:** 12-20-05

**Reviewer(s) Who Performed Review:** Gaines

Response Received	Deficiencies Noted During Acceptance Review
	1.
	2.
	3.
	4.

**Reviewer's Initials:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Branch Chief's and/or SR. HP's Initials:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<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
	_____ Medical emergency
	_____ Licensee in noncompliance (i.e. no RSO, location of use/storage not on license, radioactive material in possession not on license)
	_____ National Security
	_____ 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
	_____ Radionuclides, forms, and quantities
	_____ Location of RAM
	_____ Building drawings with locations of RAM
	_____ Security of RAM (locks, alarms, etc.)
	_____ SS&D Catalog information
	_____ Specifics of Emergency Plan (routes to and from RAM, response to security events, etc.)
	_____ Safeguards Information
<b>Branch Chief's and/or Sr. HP's Initials:</b> <u>ADG</u>	
<b>Date:</b> <u>12/20/05</u>	

ADG

# MontanaTech

THE UNIVERSITY OF MONTANA

December 2, 2005

U.S. Nuclear Regulatory Commission, Region IV  
611 Ryan Plaza Drive, Suite 400  
Arlington, TX 76011-8064

SUBJECT: Amendment to Materials License Number 25-15640-01

We are requesting an amendment to the above license regarding the frequency of calibration for the instruments we use for surveys.

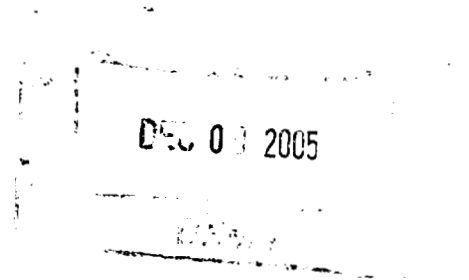
Currently our license states they must be calibrated every six months; we would like to change that to once a year.

Thank you for your consideration of our request. Please contact me if you need further information or have any questions.

Sincerely,



Marilyn Cameron  
Radiation Safety Officer  
Office of Environmental Health & Safety  
406-496-4463  
Fax: 406-496-4135  
mcameron@mtech.edu



DEC 20 2005  
DATE

This is to acknowledge the receipt of your letter/application dated 12-02-05, 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 470790.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at 817-860-8103.

Sincerely,  
  
Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

..... (FOR LEMS USE)  
..... INFORMATION FROM LTS  
.....  
.....  
..... Program Code: 03620  
..... Status Code: 0  
..... Fee Category: EX 3L  
..... Exp. Date: 20110831  
..... Fee Comments: 170.11(A) (4)  
..... Decom Fin Assur Req'd: N  
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MONTANA TECH OF THE UNIVERSITY  
Received Date: 20051209  
Docket No: 3009501  
Control No.: 470790  
License No.: 25-15640-01  
Action Type: Amendment

2. FEE ATTACHED

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

3. COMMENTS

Signed *Christy Munnick*  
Date 12/30/05

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

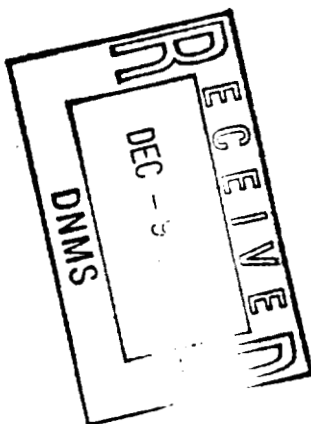
- 1. Fee Category and Amount: \_\_\_\_\_
- 2. Correct Fee Paid. Application may be processed for:  
Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_
- 3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_

**Montana Tech**  
THE UNIVERSITY OF MONTANA

1300 West Park Street ■ Butte, MT 59701-8997

Mr. Roberto Torres  
U.S. Nuclear Regulatory Commission  
Region IV  
611 Ryan Plaza Drive, Suite 400  
Arlington, TX 76011



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