

January 17, 2006

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Kathy Modes
Nuclear Regulatory Commission

32-2764-01
03029784

Dear Kathy,

I am writing you this letter in response to your voice mail received on January 13, 2005 about the change of our radiation safety officer. Here is the information you requested:

My fax number is 724-652-9672

My email: gtomon@trumbullcorp.com

Sincerely,



Gregory D Tomon
Assistant Quality Control Manager

138048

TROXLER ELECTRONIC LABORATORIES, INC.

HEREBY CERTIFIES THAT

GREGORY TOMON

of

LINDY PAVING, INC.

HAS SUCCESSFULLY COMPLETED THE TROXLER ELECTRONIC LABORATORIES, INC.
TRAINING COURSE FOR THE USE OF NUCLEAR TESTING EQUIPMENT.

SUBJECTS INCLUDED IN THIS COURSE WERE AS FOLLOWS:

Radiological Safety

- | | |
|--|---|
| 1. Principles and practices of radiation protection. | 5. Radioactivity measurement standardization and monitoring techniques and instruments. |
| 2. Leak testing procedures | 6. Accident and incident procedures. |
| 3. Mathematics and calculations basic to the use and measurement of radioactivity. | 7. Procedures for nuclear guage storage and transportation. |
| 4. Biological effects of radiation. | 8. General safety precautions. |

Gauge Operation

- | | |
|-------------------------|----------------------|
| 1. Instrument theory | 4. Field application |
| 2. Operating procedures | 5. Gauge calibration |
| 3. Maintenance | |

CERTIFICATE #: 091255

HARVEY DUNLEVY

INSTRUCTOR

6/06/00

DATE

WILLIAM F. TROXLER

PRESIDENT

THIS DOCUMENT MAY BE USED TO VERIFY TRAINING REQUIRED BY 49CFR172, SUBPART H.

GREGORY TOMON

NAME

6/06/00

TRAINING DATE

Training materials used are part of the Troxler Electronic Laboratories, Inc. Nuclear Gauge Safety Training Program. Topics covered apply to recognition, labeling, preparation for transport, transportation, regulatory compliance, emergency response, personal protection, and accident avoidance only as they apply to radioactive White I and Yellow II portable gauging devices.

TROXLER ELECTRONIC LABORATORIES, INC.
3008 CORNWALLIS ROAD
P.O. BOX 12057
RESEARCH TRIANGLE PARK, NC 27709

HARVEY DUNLEVY

INSTRUCTOR

I hereby certify that the above named employee has been properly trained and tested in accordance with the requirements of 49CFR172,subpart H.

6/06/03

EXPIRATION DATE

COMPANY OFFICIAL

COMPANY AND ADDRESS

