

ACCEPTANCE REVIEW MEMO

Licensee: Sidney Sugars Incorporated

License No.: 25-21320-01

Docket No.: 030-20494

Mail Control No.: 470817

Type of Action: Amend **Date of Requested Action:** 12-29-05

Reviewer Assigned: _____ **Date Assigned to Reviewer:** 01-19-06

Reviewer(s) Who Performed Review: Torres

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
	<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 (_____)

Branch Chief's and/or Sr. HP's Initials: _____ **Date:** _____

SISP Review	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Non-Publicly Available, Sensitive 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

Branch Chief's and/or Sr. HP's Initials: ATC **Date:** 1/19/06



MAINTENANCE / PURCHASING DEPARTMENT

R R 1 BOX 3011
Sidney, MT 59270

Larry Bond - 406-433-9324
Jan Getchell-406-433-9340

Fax: 406433-9373

WJC

Fax

To: JACKIE COOK From: STEVE ARNOID

Company Name: ORC

Fax: 1-817-860-8263 Pages: 1

Phone: (406) 433-3303 Date: 12/29/05

<input type="checkbox"/> Urgent	<input type="checkbox"/> For Review	<input type="checkbox"/> Please Comment	<input type="checkbox"/> Please Reply
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• **Comments:**

Hi JACKIE

WE HAVE CHANGED OUR MAILING ADDRESS.

NEW ADDRESS IS:

SIDNEY Sugars Incorporated

35140 County Rd. 125

SIDNEY, Montana 59270

HAVE HAPPY NEW YEAR

LIC. # 25-21320-01

THANK YOU

STEVE ARNOID

(RSO)

JAN 24 2006

DATE

This is to acknowledge the receipt of your letter/application dated 12/28/05, 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 470817.
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 LFMS USE)
INFORMATION FROM LTS

Program Code: 03120
Status Code: 0
Fee Category: 3P
Exp. Date: 20141231
Fee Comments:
Decom Fin Assur Regd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: SIDNEY SUGARS INCORPORATED
Received Date: 20051228
Docket No: 3020494
Control No.: 470817
License No.: 25-21320-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: _____

Signed *Allyce Markson*
Date 11/27/06

3. COMMENTS

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 _____