

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Konitz Contracting, Inc.

License No.: 25-26948-01

Docket No.: 030-30637

Mail Control No.: 471151

Type of Action: Term

Date of Requested Action: 09-25-06

Reviewer
Assigned:

ARM reviewer(s): Torres

Response	Deficiencies Noted During Acceptance Review
	<ul style="list-style-type: none">[] Open ended possession limits. Limit possession. Submit inventory.[] Submit copies of most recent leak test results.[] Add - delete IC license condition. Add IC paragraph in cover letter.[] Split license from cover letter. Add SUNSI marking to license.[] Ask the licensee if they have any type-amount of EPAct Material.

Reviewer's Initials: RITC

Date: _____

- ☐ Yes ☐ No Unrestricted release Group 2 or >: Transfer memo to FCDB within 10 days.
- ☐ Yes ☐ No Decommissioning notification should be completed within 30 days.
- ☐ Yes ☐ No Termination request < 90 days from date of expiration
- ☐ Yes ☐ No Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
- ☐ Yes ☐ No TAR needed to complete action.

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

Date: _____

SUNSI Screening according to RIS 2005-31

☐ Yes ☒ No Non-Publicly Available, Sensitive if any item below is checked

General guidance:

- _____ RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
- _____ Exact location of RAM (whether = or > than Category 3 or not)
- _____ Design of structure and/or equipment (site specific)
- _____ Information on nearby facilities
- _____ Detailed design drawings and/or performance information
- _____ Emergency planning and/or fire protection systems

Specific guidance for medical, industrial and academic (above Category 3):

- _____ RAM quantities and inventory
- _____ Manufacturer's name and model number of sealed sources & devices
- _____ Site drawings with exact location of RAM, description of facility
- _____ RAM security program information (locks, alarms, etc.)
- _____ Emergency Plan specifics (routes to/from RAM, response to security events)
- _____ Vulnerability/security assessment/accident-safety analysis/risk assess
- _____ Mailing lists related to security response

Branch Chief's and/or Sr. HP's Initials: RITC

Date: 10/16/06

Pre-Licensing Screening

Applicant Information:

Control No. 471151

Name: Konitz Contracting, Inc.	Type of Request: Term Program Code(s):	
Location: MT	License No.: 25-26948-01	Docket No.: 030-30637

STEP 1—Radioactive Materials and Quantities Requested:

Instructions for Step 1: Complete Step 1 for all applications. If all your responses in Step 1 are "No" then do not complete Step 2 (Screening Criteria). Sign and date the completed step-sheet and add it as the sensitive and non-publicly available OAR in ADAMS. If a "yes" response is indicated for any item in Step 1, also complete Step 2. If the type of use is subject to a Security Order or the requirements for increased controls, complete Step 3 (Item A or Item B) without delay.		Yes or No
A.	The request is from a new applicant.	No
B.	NUREG-1556, Volume 20, Section 4.9 indicates a licensing site visit is needed for the requested type of use, e.g., (1) Type A broad scope license, (2) panoramic irradiator containing > 10000 curies, (3) manufacturers or distributors using unsealed radioactive material or significant quantities of sealed material, (4) radioactive waste brokers, (5) radioactive waste incinerators, (6) commercial nuclear laundries, and (7) any other application that in the judgement of the reviewer and cognizant supervisor involves complex technical issues, complex safety questions, or unprecedented issues that warrant a site visit.	No
C.	The applicant requested certain radionuclides and quantities that equal or exceed the Risk Significant Quantity (TBq) values in the table, below, that have been "highlighted" by the reviewer	No

Table of Risk Significant Quantities

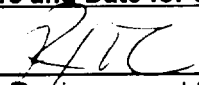
(Category 2 Quantities, IAEA Safety Guide No. RS-G-1.9, Categorization of Radioactive Sources, August 2005)

Radionuclide	Risk Significant Quantity (TBq) ¹	Risk Significant Quantity (Ci) ¹	Radionuclide	Risk Significant Quantity (TBq) ¹	Risk Significant Quantity (Ci) ¹
Am-241	0.6	16	Pm-147	400	11,000
Am-241/Be	0.6	16	Pu-238	0.6	16
Cf-252	0.2	5.4	Pu-239/Be	0.6	16
Cm-244	0.5	14	Ra-226 ²	0.4	11
Co-60	0.3	8.1	Se-75	2	54
Cs-137	1	27	Sr-90 (Y-90)	10	270
Gd-153	10	270	Tm-170	200	5,400
Ir-192	0.8	22	Yb-169	3	81

¹ The primary values are TBq. The curie (Ci) values are for informational purposes only.
² The Atomic Energy Act, as amended by the Energy Policy Act of 2005, authorizes NRC to regulate Ra-226 and NRC is in the process of amending its regulations for discrete sources of Ra-226.

Calculations of the Total Activity or the Unity Rule are attached to document whether or not the screening criteria in Step 2 were also completed to evaluate the application. NOTE—If an amendment of an existing license is being requested, the calculations will include the previously authorized quantities for the radionuclide(s).	Yes, No, or Not Applicable (NA)
Total Activity—multiple activities are requested for a single radionuclide and the sum of the activities equals or exceeds the quantity of concern for the radionuclide	_____
Unity Rule—multiple radionuclides are requested and the sum of the ratios equals or exceeds unity, e.g., [(total activity for radionuclide A) ÷ (risk significant quantity for radionuclide A)] + [(total activity for radionuclide B) ÷ (risk significant quantity for radionuclide B)] ≥ 1.0.	_____

Signature and Date for Step 1:

 10/16/06
 License Reviewer and Date

TERMINATION

NRC FORM 314

(6-2004)
10 CFR 30.36(j)(1); 40.52(j)(1);
70.38(j)(1); and 72.54(j)(1)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0028

EXPIRES: 06/30/2007

SEP 27 2006

CERTIFICATE OF DISPOSITION OF MATERIALS
DNMS

Estimated burden per response to comply with this mandatory collection request: 30 minutes. This submittal is used by NRC as part of the basis for its determination that the facility is released for unrestricted use. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0028), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

LICENSEE NAME AND ADDRESS

Konitz Contracting, Inc.
P.O. Box 598
Lewistown MT 59457

LICENSE NUMBER

25-26948-01

DOCKET NUMBER

LICENSE EXPIRATION DATE

12/31/2015

- ☐ This license has expired. ☒ **A. LICENSE STATUS (Check the appropriate box)**
This license has not yet expired; please terminate it.

B. DISPOSAL OF RADIOACTIVE MATERIAL*(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)*

The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:

- ☐ 1. No radioactive materials have ever been procured or possessed by the licensee under this license.
- ☒ 2. All activities authorized by this license have ceased, and all radioactive materials procured and/or possessed by the licensee under this license number cited above have been disposed of in the following manner.
- ☐ a. Transfer of radioactive materials to the licensee listed below:

- ☒ b. Disposal of radioactive materials:

☐ 1. Directly by the licensee:

☐ 2. By licensed disposal site:

- ☒ 3. By waste contractor:

The gauge was sent to QalTek Associates, 3998 Commerce Circle, Idaho Falls, ID 83401 for disposal. A copy of the Disposal Transfer of Custody Form is attached. Their phone number is 208-523-5557.

- ☐ c. All radioactive materials have been removed such that any remaining residual radioactivity is within the limits of 10 CFR Part 20, Subpart E, and is ALARA.

C. SURVEYS PERFORMED AND REPORTED

- ☐ 1. A radiation survey was conducted by the licensee. The survey confirms:
- ☐ a. the absence of licensed radioactive materials
- ☐ b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.
- ☐ 2. A copy of the radiation survey results:
- ☐ a. is attached; or ☐ b. is not attached (Provide explanation); or ☐ c. was forwarded to NRC on: _____ Date _____
- ☒ 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and
- ☒ a. The results of the latest leak test are attached; and/or ☐ b. No leaking sources have ever been identified.

The person to be contacted regarding the information provided on this form:

NAME	TITLE	TELEPHONE (Include Area Code)	E-MAIL ADDRESS
Pat Fanning	Secy/Tr	(406) 538-9550	patfanning@

Mail all future correspondence regarding this license to:
Konitz Contracting, Inc., P.O. Box 598, Lewistown MT 59457

3riversdbs.net

C. CERTIFYING OFFICIAL

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

PRINTED NAME AND TITLE

Pat Fanning, Secy/Tr

SIGNATURE



DATE

09/25/2006

WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECT. 18 U.S.C. SECTION 1401 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.



INSTRUMENTATION AND PROFESSIONAL SERVICES
3998 COMMERCE CR. IDAHO FALLS, IDAHO 83401
(208) 523-5557 FAX (208) 524-8470
www.qaltek.com

SEALED RADIOACTIVE SOURCE LEAK TEST REPORT

Company **Konitz Contracting, Inc.**

Street **P.O. Box 598**

City/St/Zip: **Lewistown, MT 59457**

Phone: **406-538-9550**

Fax: **406-538-9579**

LT Frequency: **6** Months

TEST INSTRUMENT

Mfg'r:	Ludlum	Model:	3030	Serial #:	219626	Cal. Date:	7/26/2006
MDA:	<0.005 μ Ci	α efficiency	>36%	β efficiency	>38%	Det. Type:	ZnS (Ag)

Qal-Tek Associates certify the above instrument has been calibrated using radioactive standards traceable to NIST, or traceable to calibration facilities for other ISO members, or have been derived from acceptable values of natural/physical constraints, or have been derived by ratio type of calibration techniques. Accuracy of the principal radiation calibration sources used is greater than or equal to the required accuracy of the equipment being calibrated. The Qal-Tek Associates calibration system conforms to ANSI N323-1997. All calibrations are performed in accordance with the Qal-Tek Associates Quality Assurance Management Program (QAMP) by QP-PRO-001, which is available by written request.

LEAK TEST RESULTS

Mfg'r	Model #	Inst. Serial #	Isotope	Activity		net α DPM	net β DPM	pass/fail
Troxler	3411	15938	AM241	40 mCi		0	2	P
			Cs137	8 mCi		0	1	P

Date Sources Leak Tested:

7/10/2006

Next Leak Test Due:

1/9/2007

Qal-Tek Associates certifies that all leak test measurements are performed in accordance with NRC licensee requirements for isotopic detection limits. For this purpose the MDA is below the NRC regulatory limits of <0.005 μ Ci.


Instrument Technician

7/10/2006
Date



3998 Commerce Circle
(208) 523-5557
www.qaltek.com

Idaho Falls, Idaho 83401
Fax (208) 524-8470

Radioactive Source Disposal Transfer of Custody

1: CUSTOMER & LICENSE INFORMATION

Contact: <u>Wes McDonald</u>	P.O. # if required: _____
Phone: <u>406-538-9550</u>	Fax: <u>406-538-9579</u>
License #: <u>25-26948-01</u>	Expiration Date: <u>12/31/2015</u>
Ship From: <u>Konitz Contracting, Inc.</u>	Bill To: <u>Konitz Contracting, Inc.</u>
<u>77335 US Highway 87</u>	<u>77335 US Highway 87</u>
<u>Lewistown, MT 59457</u>	<u>Lewistown, MT 59457</u>

2: GAUGE/DEVICE/LICENSED MATERIAL INFORMATION

☐ If Checked see attached spreadsheet

Manufacturer	Model	Serial Number	Isotope	Activity (mCi)	Current Leak Test Date
Troxler	3411	15938	Cs137	7	7/10/2006
Troxler	3411	15938	Am241:Be	40	7/10/2006

Services Needed: ☒ Disposal ☒ Leak Test ☐ Other _____

3: AUTHORIZATION

Permanent custody of above listed Licensed Material is hereby granted to - Qal-Tek Associates, NRC License # 11-27610-01

Authorized By: Wes McDonald
Title: Vice President

Received By: J. J. Ezzell
Date: 7/10/06

4: SHIPPING

Check all that apply for shipping method

<input type="checkbox"/> Prepaid	<input type="checkbox"/> Bill to customer invoice	Customer's FedEx Account# _____
<input type="checkbox"/> Motor Freight Carrier	FedEx <input type="checkbox"/> 1Day <input type="checkbox"/> 2Day <input checked="" type="checkbox"/> 3Day	
<input type="checkbox"/> Motor Freight Account	<input type="checkbox"/> Customer drop off	<input type="checkbox"/> Qal-Tek Transportation
<input type="checkbox"/> Other (describe) _____		

5: TRACKING INFORMATION

Custody of above listed Nuclear Density Gauge is returned to above listed Customer

Received By: _____
or Carrier & PRO# _____

Date: _____

Do not forget to attach a Dangerous Goods form when shipping or transporting Radioactive Material!

10-17-06

DATE

This is to acknowledge the receipt of your letter/application dated 09-25-06, and to inform you that the initial processing, which includes an acceptance 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 in 90 days.

☐ A copy of your action has been forwarded to the NRC Office of the Chief Financial Officer, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 471151.

When you call to inquire about this action, please refer to this mail control number.

You may call me at 817-860-8103.

Sincerely,

Colleen Murnahan
Licensing Assistant

(FOR LFMS USE)
 INFORMATION FROM LTS

```
.....Program Code: 03121
.....Status Code: 0
.....Fee Category: 3P
.....Exp. Date: 20151231
.....Fee Comments:
.....Decom Fin Assur Req'd: N
.....
```

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: Decom Fin Assur Req'd: N_____
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: Decom Fin Assur Req'd: N_____
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- ```
: Decom Fin Assur Req'd: N_____
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: Decom Fin Assur Req'd: N_____
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- Signed \_\_\_\_\_  
Date 10/2/06

Signed \_\_\_\_\_  
Date 10/2/06

- Signed \_\_\_\_\_  
Date 10/2/06

Signed \_\_\_\_\_  
Date 10/2/06

Signed \_\_\_\_\_  
Date 10/2/06

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| Date Accepted                                                                   | Scheduled Date of Delivery                                                                      | Return Receipt Fee       |
| Mo. Day Year                                                                    | Month Day                                                                                       | \$                       |
| Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM           | Scheduled Time of Delivery                                                                      | COD Fee Insurance Fee    |
|                                                                                 | Mo. Noon <input type="checkbox"/> 3 PM                                                          | \$ \$                    |
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| Delivery Attempt | Time                                                    | Employee Signature |
| Mo. Day          | <input type="checkbox"/> AM <input type="checkbox"/> PM |                    |
| Delivery Date    | Time                                                    | Employee Signature |
| Mo. Day          | <input type="checkbox"/> AM <input type="checkbox"/> PM |                    |

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