

## ACCEPTANCE REVIEW MEMO (ARM)

**Licensee:** Dept of the Interior, Bureau of Indian Affairs, *SW Region*      **License No.:** 30-15065-01  
**Docket No.:** 030-08519      **Mail Control No.:** 471537  
**Type of Action:** Term      **Date of Requested Action:** 10-17-07  
**Reviewer Assigned:**      **ARM reviewer(s):** Torres

Response	Deficiencies Noted During Acceptance Review
	[ ] 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 EAct Material.

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unrestricted release Group 2 or >: Transfer memo to FCDB within 10 days.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Decommissioning notification should be completed 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	Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	TAR needed to complete action.

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

SUNSI Screening according to RIS 2005-31	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>Non-Publicly Available, Sensitive</b> if <u>any</u> 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
<b>Branch Chief's and/or Sr. HP's Initials:</b> <i>RTZ</i>	
<b>Date:</b> OCT 19 2007	

**Pre-Licensing Screening**

**Applicant Information:**

**Control No. 471537**

Name: Dept of the Interior, Bureau of Indian Affairs	Type of Request: Term Program Code(s): 03121
Location: NM	License No.: 30-15065-01      Docket No.: 030-08519

**STEP 1—Radioactive Materials and Quantities Requested:**

<b>Instructions for Step 1: Complete Step 1 for all applications.</b> 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) <sup>1</sup>	Risk Significant Quantity (Ci) <sup>1</sup>	Radionuclide	Risk Significant Quantity (TBq) <sup>1</sup>	Risk Significant Quantity (Ci) <sup>1</sup>
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 <sup>2</sup>	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

<sup>1</sup> The primary values are TBq. The curie (Ci) values are for informational purposes only.  
<sup>2</sup> 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. <b>NOTE—If an amendment of an existing license is being requested, the calculations will include the previously authorized quantities for the radionuclide(s).</b>	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:**

  
 License Reviewer and Date

OCT 19 2007



**Bureau of Indian Affairs**  
Southwest Regional Office  
Division of Transportation  
P.O. Box 26567  
Albuquerque, New Mexico 87125-6567  
Phone: (505) 563-3430  
Fax: (505) 563-3054



Please transmit 5 pages (including cover sheet) to:

**Name:** Roberto Torres

U.S. Nuclear Regulatory Commission , Region IV

**City and State:** Arlington, Texas

**Fax No.** 817-860-8263

**Message:** Mr. Torres,

Attached with our NRC Form 314 for termination are the invoices for the last two

Troxler gauges in our possession. These gauges were sent back for disposal. The

invoices show the disposal fees for both gauges and leak tests conducted by Troxler.

Should you require further information please call me at 505-563-3438.

A confirmation of our termination would be greatly appreciated, Thank you.

**Message**

**from:** Michael Kanuho, BIA-SWRO Radiation Safety Officer

<b>NRC FORM 314</b> (1-2004) <small>Use Form 314 (Rev. 11-2003) for 70.546(a)(1) and 70.546(b)(1)</small>		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY OMB: NO. 3150-0058</b>		<b>EXP-FEB: 04/09/2007</b>	
<b>CERTIFICATE OF DISPOSITION OF MATERIALS</b>				<small>Estimated burden per response to comply with this mandatory collection request: 30 minutes. This material is used by NRC as part of the basis for its determination that the facility is released for unrestricted use. Send comments regarding burden estimates to the Research and Policy/Privacy Services Branch (7-6 PDB), U.S. Nuclear Regulatory Commission, Washington, DC 20548-0001, or by Internet e-mail to info@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEDS-10302, (2190-0028), Office of Management and Budget, Washington, DC 20503. If a system 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.</small>			
<b>LICENSEE NAME AND ADDRESS</b> DOI - Bureau of Indian Affairs Southwest Regional Office P.O. Box 26567 Albuquerque, New Mexico 87125-6567				<b>LICENSE NUMBER</b> 30-15065-01		<b>DOCKET NUMBER</b> 030-08519	
				<b>LICENSE EXPIRATION DATE</b> 01-31-2015			
<b>A. LICENSE STATUS (Check the appropriate box)</b> <input type="checkbox"/> This license has expired. <input checked="" type="checkbox"/> This license has not yet expired; please terminate it.							
<b>B. DISPOSAL OF RADIOACTIVE MATERIAL</b> <small>(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments.)</small> The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:							
<input type="checkbox"/> 1. No radioactive materials have ever been procured or possessed by the licensee under this license.							
<input checked="" type="checkbox"/> 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.							
<input checked="" type="checkbox"/> a. Transfer of radioactive materials to the licensee listed below:							
<input type="checkbox"/> b. Disposal of radioactive materials:							
<input type="checkbox"/> 1. Directly by the licensee:				TROXLER ELECTRONIC LABORATORIES, INC. 3008 CORNWALLIS ROAD RESEARCH TRIANGLE PARK, N.C. 27709			
<input type="checkbox"/> 2. By licensed disposal site:				POINT OF CONTACT: CHRISSY WILLIS PHONE NUMBER: 877-876-9537 EXT. 2219			
<input type="checkbox"/> 3. By waste contractor:							
<input type="checkbox"/> 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.							
<b>C. SURVEYS PERFORMED AND REPORTED</b>							
<input type="checkbox"/> 1. A radiation survey was conducted by the licensee. The survey confirms:							
<input type="checkbox"/> a. the absence of licensed radioactive materials							
<input type="checkbox"/> b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.							
<input type="checkbox"/> 2. A copy of the radiation survey results:							
<input type="checkbox"/> a. is attached; or <input type="checkbox"/> b. is not attached (Provide explanation); or <input type="checkbox"/> c. was forwarded to NRC on: _____							
<input checked="" type="checkbox"/> 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and							
<input checked="" type="checkbox"/> a. The results of the latest leak test are attached; and/or (See Troxler invoices) <input checked="" type="checkbox"/> b. No leaking sources have ever been identified.							
The person to be contacted regarding the information provided on this form:							
<b>NAME</b> MICHAEL KANUHO		<b>TITLE</b> RADIATION SAFETY OFFICER		<b>TELEPHONE (Include Area Code)</b> 505-563-3438		<b>E-MAIL ADDRESS</b>	
Mail all NRC correspondence regarding this license to:							
<b>C. CERTIFYING OFFICIAL</b> I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT							
<b>PRINTED NAME AND TITLE</b> MICHAEL KANUHO - RSO				<b>SIGNATURE</b> <i>Michael Kanuho</i>		<b>DATE</b> 10-17-07	
<small>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 RESPECTS. 18 U.S.C. SECTION 1001 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.</small>							



**Troxler Electronic Laboratories, Inc.**  
 3008 Cornwallis Rd. • PO Box 12057 • Research Triangle Park, NC 27709  
 Phone: 1.919.549.8861 • Fax: 1.919.558-0443 • www.troxlerlabs.com

**INVOICE NO.**  
 175657

Troxler International, Ltd. • Troxler Electronics (Canada), Ltd. • Troxler Radiation Monitoring Services

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 SW REGION  
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 PO BOX 26567  
 ALBUQUERQUE, NM 87125-6567

# INVOICE

**DATE** 9/27  
**DUE ON** 10/27

EXPORT	CURREN
N	
<b>TERMS</b>	
NET 30 DAYS	
FEDERAL TAX ID	

CUSTOMER ACCOUNT NO.	TROXLER ORDER NO.	SALES REP.	CUSTOMER PURCHASE ORDER NO.	PO
1 1161400	C01533132	3920	TROXLER	

SHIP NO.	SHIP VIA	SHIP DATE	SHIP WEIGHT
162065	DO NOT SHIP	9/27/2007	3.124

LINE NO.	ITEM NUMBER / DESCRIPTION	U/M	QUANTITY / PRICE	NET SALES AMT
	Carrier . . . : Federal Express Reference order number 0086573			
	106368 BASKET, GAUGE BASE 3440/3430 .000	EA	1.000 .000	
	860003 GAUGE & SOURCE DISPOSAL 495.000	EA	1.000 495.000	
	893440.3000 3430/3440 3-BLOCK CALIBRATION .000	EA	1.000 .000	
	950000.0007 LEAK/WIPE TEST ANALYSIS .000	EA	1.000 .000	
	950000.0006 LABOR REPAIR TECH .000	EA	1.000 .000	
	<i>Model no. 3440 SN 23238</i>			

## RECEIVED

OCT 12 2007

BIA-SOUTHWEST REGIONAL OFFICE  
 DIVISION OF TRANSPORTATION

<b>NET SALES</b>	495.00
<b>MISC. CHARGES</b>	.00
<b>FREIGHT</b>	.00

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SHIP TO	BUREAU OF INDIAN AFFAIR SOUTHWEST REGION ***MADE TO USE***** ALBUQUERQUE NM 87125 0000 USA
	BUREAU OF INDIAN AFFAIRS MESCALERO AGENCY P.O. BOX 189 MESCALERO NM 88340 0000 USA

# INVOICE

DATE	9/27/2007
DUE ON	10/27/2007

EXPORT	CURRENCY
N	
TERMS	
NET 30 DAYS	
FEDERAL TAX ID	

CUSTOMER ACCOUNT NO.	TROXLER ORDER NO.	SALES REP.	CUSTOMER PURCHASE ORDER NO.	PO REV.
1 1104000	C01533133	3920	TROXLER	

SHIP NO.	SHIP VIA	SHIP DATE	SHIP WEIGHT
162066	DO NOT SHIP	9/27/2007	3.124 EA

LINE NO.	ITEM NUMBER / DESCRIPTION	U/M	QUANTITY / PRICE	NET SALES AMOUNT
	Carrier . . . : Federal Express Reference order number 0086577			
	3440 SN22090 Accessories: 3 Misc 2 Attn: TROXLER Tel#: 505-563-3438 Ref#: 0086577			
	012752 SEAL WIPER .000	EA	1.000 .000	.00
	012754 RING SCRAPER .000	EA	1.000 .000	.00
	102399 SHIELD SPRING 3400 .000	EA	1.000 .000	.00
	860003 GAUGE & SOURCE DISPOSAL 495.000	EA	1.000 495.000	495.00

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FREIGHT

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BUREAU OF INDIAN AFFAIR  
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\*\*\*MADE TO USE\*\*\*\*  
ALBUQUERQUE NM 87125 0000  
USA

**SHIPPED TO**  
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MESCALERO AGENCY  
P.O. BOX 189  
MESCALERO NM 88340 0000  
USA

**INVOICE**

**DATE** 9/2  
**DUE ON** 10/2

**EXPORT** N  
**CURRE**  
**TERMS**  
NET 30 DAYS  
**FEDERAL TAX ID**

CUSTOMER ACCOUNT NO.	TROXLER ORDER NO.	SALES REP.	CUSTOMER PURCHASE ORDER NO.	PO
1 1104000	CO1533133	3920	TROXLER	

SHIP NO	SHIP VIA	SHIP DATE	SHIP WEIGHT
162066	DO NOT SHIP	9/27/2007	3.124

LINE NO.	ITEM NUMBER / DESCRIPTION	U/M	QUANTITY / PRICE	NET SALES A
	Carrier . . . Federal Express Reference order number 893440.3000 3430/3440 3-BLOCK CALIBRATION .000	EA	1.000 .000	
	950000.0007 LEAK/WIPE TEST ANALYSIS .000	EA	1.000 .000	
	950000.0006 LABOR REPAIR TECH .000	EA	1.000 .000	
	<i>Model No. 3440</i> <i>SN 22090</i>			

*950000.0007*  
*950000.0006*  
*Model No. 3440*  
*SN 22090*

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OCT 12 2007

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DIVISION OF TRANSPORTATION

<b>NET SALES</b>	495.00
<b>MISC. CHARGES</b>	.00
<b>FREIGHT</b>	.00

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**ORDER**

No. 471537

OCT 24 2007

This is to acknowledge the receipt of your letter/application dated  
10-17-07, and to inform you that the initial processing,  
which includes an administrative review, has been performed.

DATE

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** 471537.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at 817-860-8103.

Sincerely,

*Colleen Munnahan*

Licensing Assistant



BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----  
: Program Code: 03121  
: Status Code: 0  
: Fee Category: 3P  
: Exp. Date: 20150131  
: Fee Comments: V  
: Decom Fin Assur Reqd: N  
: ::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: INTERIOR, DEPARTMENT OF THE  
Received Date: 20071017  
Docket No: 3008519  
Control No.: 471537  
License No.: 30-15065-01  
Action Type: Termination

2. FEE ATTACHED

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

3. COMMENTS

Signed *Cecilia Murahan*  
Date 10-18-07

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 \_\_\_\_\_