

AM

MAPPA TESTLAB

1956 Richardson Hwy North Pole, Alaska 99705
Phone: 907-488-1266 Fax 907-488-0772

RECEIVED

JUN 6 2008

DNMS

June 3, 2008

Nuclear Materials Licensing Section
United States Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Dr. Ste 400
Arlington, Texas 76011-8064

Re: License Amendment (License No. 50-23306-01)

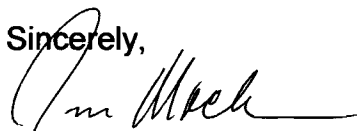
Dear Sir or Madam:

I would like to request an amendment to Radioactive Material License No. 50-23306-01 to authorize Mappa Inc) to use the InstroTek, Inc. **Model 3500 Xplorer** nuclear moisture/density gauge for measurement of soils and construction materials. The Model 3500 is registered under Sealed Source & Device Registration Certificate No. NC-1241-D-101-S, and contains the following sealed sources:

1. Cs-137 (AEA Technology QSA Model No. CDC.805 or Isotope Products Laboratories Model HEG-137)
Maximum activity: 11 mCi
2. Am-241:Be (AEA Technology QSA, Inc. Model No. AMN.V997 or Isotope Products Laboratories Model AM1.NO2)
Maximum activity: 44 mCi

Please let me know if I can provide any additional information.

Sincerely,



Jim Mack, RSO
Mappa Testlab

↓

No 471848

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: MAPPA, INC. **License No.:** 50-23306-01
Docket No.: 030-20884 **Mail Control No.:** 471848
Type of Action: AMEND **Date of Requested Action:** 06-03-08
Reviewer Assigned: **ARM reviewer(s):** J. Cook

Response	Deficiencies Noted During Acceptance Review
	<input type="checkbox"/> Open ended possession limits. Submit inventory. Limit possession. <input type="checkbox"/> Submit copies of latest leak test results. <input type="checkbox"/> Add IC L.C./Fingerprint LC, add SUNSI markings to license. <input type="checkbox"/> Confirm with licensee if they have NARM material.

Reviewer's Initials: _____ **Date:** _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Request for unrestricted release Group 2 or >. Consult with Bravo Branch.
<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 HP's Initials: _____ **Date:** _____

SUNSI Screening according to RIS 2005-31

Yes No **Sensitive and Non-Publicly Available** 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 HP's Initials: *JC* **Date:** JUN 24 2008

JUN 25 2008

DATE

This is to acknowledge the receipt of your letter/application dated 06-03-08, 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** 471848.
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

Life Service Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 03121
: Status Code: 0
: Fee Category: 3P
: Exp. Date: 20140331
: Fee Comments:
: Decom Fin Assur Req'd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: MAPPA, INC.
Received Date: 20080606
Docket No: 3020884
Control No.: 471848
License No.: 50-23306-01
Action Type: Amendment

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

3. COMMENTS
Signed Colleen Murnahan
Date 6-18-08

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 _____

1956 Richardson Hwy
North Pole, AK 99705



RECEIVED

JUN 6 2008

DNMS

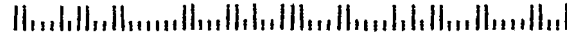
Nuclear Materials Licensing Section

U.S. N.R.C. Region IV

611 RYAN PLAZA DR Ste 400

ARLINGTON, TEXAS 76011-8064

76011+4005 0024



471848