

ML



July 28, 2008

Colleen Murnahan
U.S. NRC Region IV
Texas Health Resources Tower
612 E. Lamar Blvd., Suite 400
Arlington, TX 76011-4125

I am requesting in this letter that the U.S Nuclear Regulatory Commission Materials License No.11-27320-01, expiration date 11-30-15, be amended in the following areas:

- A. (12) The Radiation Safety Officer for this license to be changed to Christopher Kaetzel

We appreciate you attention to this matter and if you have any questions or require further information please call me at 208-376-8200.

Sincerely,

Bart Larsen
Corporate Operations Officer

J

This is to certify that

Christopher Kaetzel

attended an 8 hour Portable Nuclear Gauge

RADIATION SAFETY OFFICER COURSE

Conducted by

BHP ENTERPRISES

At Boise, Idaho, November 15, 2007

Bruce W. Peterson

Health Physicist

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Strata, Inc. **License No.:** 11-27320-01
Docket No.: 030-32206 **Mail Control No.:** 471876
Type of Action: Amend **Date of Requested Action:** 07-28-08
Reviewer Assigned: **ARM reviewer(s):**

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

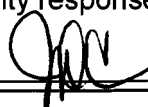
Yes No **Sensitive and Non-Publicly Available** if any item below is checked

General guidance:

- _____ RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
- _____ Exact location of RAM [suite #, bldg. #, location different from mailing address] (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:  _____ **Date:** AUG - 5 2008

AUG 8 2008

DATE

This is to acknowledge the receipt of your letter/application dated 7-28-08, 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** 471876.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Murahan
Licensing Assistant

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 03121
: Status Code: 0
: Fee Category: 3P
: Exp. Date: 20151130
: Fee Comments:
: Decom Fin Assur Reqd: N
:

BETWEEN:
License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: STRATA, INC.
Received Date: 20080728
Docket No: 3032206
Control No.: 471876
License No.: 11-27320-01
Action Type: Amendment

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

3. COMMENTS
Signed Colleen Murnahan
Date 8-01-08

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 _____