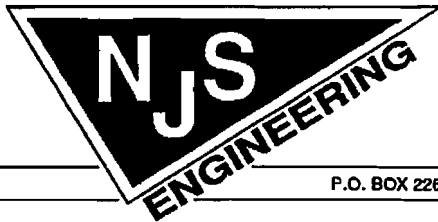


[Handwritten initials]

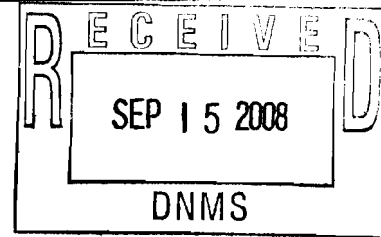


*Consulting Engineers
Land Surveyors*

P.O. BOX 228 • 123 E. JACKSON BLVD. SUITE 1 • SPEARFISH, SOUTH DAKOTA 57783 • (605) 642-4772 • FAX (605) 642-4773

September 12, 2008

Roberto J. Torres
Senior Health Physicist
US NRC Region IV
612 East Lamar Boulevard, Suite 400
Arlington, TX 76011-4125



Dear Mr. Torres,

Please amend the license for NJS Engineering (40-26894-01) to reflect the possession of only one portable gauge. The gauge is a Troxler portable gauge, model 3411-B with the serial number of 7932.

Sincerely,
NJS Engineering

James Parker

James Parker, RSO

ACEC

No 471949

Colleen Murnahan

From: RobertoJ Torres
Sent: Monday, September 15, 2008 8:16 AM
To: Colleen Murnahan
Subject: FW: Amend to NJS Engineering license
Attachments: Amendment.pdf

Colleen:

Please set up this amendment. NJS Engineering docket number is 030-30133 and license number is 40-26894-01. Thank you.

Roberto

From: Jim Parker [mailto:jparker@njsengineering.com]
Sent: Friday, September 12, 2008 3:26 PM
To: RobertoJ Torres
Subject: Amend to NJS Engineering license

Roberto,

Attached is the letter you requested to amend our license.

James Parker

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: NJS Eng.

License No.: 40-26894-01

Docket No.: 030-30133

Mail Control No.: 471949

Type of Action: Amend

Date of Requested Action: 09-12-08

Reviewer
Assigned:

ARM reviewer(s): Cook

Response	Deficiencies Noted During Acceptance Review
	<ul style="list-style-type: none">[] Open ended possession limits. Submit inventory. Limit possession.[] Submit copies of latest leak test results.[] Add IC L.C./Fingerprint LC, add SUNSI markings to license.[] Confirm with licensee if they have NARM material.

Reviewer's Initials: _____

Date: _____

- ☐ Yes ☐ No Request for unrestricted release Group 2 or >. Consult with Bravo Branch.
- ☐ 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 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: SEP 18 2008

7-19-08

DATE

This is to acknowledge the receipt of your letter/application dated 9-12-08, 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** 471449.
When calling 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

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: 20130731
: Fee Comments:
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: NJS ENG.
Received Date: 20080915
Docket No: 3030133
Control No.: 471949
License No.: 40-26894-01
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed
Date

Colleen Murnahan
9-18-08

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

