



Office: 701-572-1589 • P.O. Box 1691 • Williston, ND 58802-1591

November 3, 2008

NRC Region IV  
NMLB  
ATTN: Jackie Cook

Dear Jackie:

Mr. Rick Munoz conducted a records inspection today with myself and advised me to forward our physical address change to you for your records.

The new physical address for T&K Inspection, Inc. is:  
613 1<sup>st</sup> Street East  
Williston, ND 58801

notification

Please note that the mailing address remains the same. Also note that the new e-mail address is [tandk@nrcmont.net](mailto:tandk@nrcmont.net).

If you should have any questions please feel free to call me at 701-572-1589 or 701-770-7225, or e-mail me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ken Kam', is written over a light-colored background.

Ken Kam  
President  
T&K Inspection, Inc.

## ACCEPTANCE REVIEW MEMO (ARM)

**Licensee:** T&K Inspection, Inc. **License No.:** 33-27678-01  
**Docket No.:** 030-35475 **Mail Control No.:** 472017  
**Type of Action:** Notification **Date of Requested Action:** 11-03-2008

**Reviewer Assigned:** **ARM reviewer(s):** Torres

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	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <b>Sensitive and Non-Publicly Available</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 [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:** RJR **Date:** 11-26-08

12-04-08

DATE

This is to acknowledge the receipt of your letter/application dated 11-03-08, 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 other omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card:

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The action you requested is normally processed within   —   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** 472017.  
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

BETWEEN: : (FOR LFMS USE)  
 : INFORMATION FROM LTS  
 : -----  
 :  
 License Fee Management Branch, ARM : Program Code: 03320  
 and : Status Code: 0  
 Regional Licensing Sections : Fee Category: 30 EX 2B  
 : Exp. Date: 20101130  
 : Fee Comments:  
 : Decom Fin Assur Reqd: N  
 : ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
 Applicant/Licensee: T&K INSPECTION, INC.  
 Received Date: 20081103  
 Docket No: 3035475  
 Control No.: 472017  
 License No.: 33-27678-01  
 Action Type: ~~Amendment~~ *notification*

2. FEE ATTACHED  
 Amount: \_\_\_\_\_  
 Check No.:       /      

3. COMMENTS  
 Signed *Colleen Murnahan*  
 Date 11-21-08

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 \_\_\_\_\_