

**From:** Karl Harmon [mailto:kharmon@earthsys.com]  
**Sent:** Friday, October 17, 2008 12:37 PM  
**To:** Rachel Browder  
**Cc:** KarlHarmon@esngeotech.com  
**Subject:** License #11-29235-01: Organization Name Change Amendment Request

Hi Rachel,

(30-37300)

Our firm holds a current material license (#11-29235-01) for portable gauging devices for measuring physical properties of materials.

In accordance with your letter dated August 29, 2006 (Subject: NEW LICENSE), I understand that we must request and obtain a license amendment to change the name or ownership of our organization (4.b.).

Due primarily to current economic condition, we have elected to make a change to the name and structure of our firm.

If possible, I would like to make this formal request for an amendment by use of this email.

**Name of old organization: SWG, Inc. DBA Earth Systems Northwest**

**Name of new organization: Earth Services Northwest, PLLC**

All other information (address, phone numbers, designated RSO, etc.) will remain the same.

Thank you for you time and attention with regard to this request. I look forward to hearing back from you soon.

Best regards,

*Karl A. Harmon, P.G., P.E.*



**Earth Services**  
**Northwest**

*Geotechnical Engineering \* Environmental Consulting*  
*Engineering Geology \* Soils/Materials Testing*

10623 N. Government Way  
Hayden, Idaho 83835  
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*Karl A. Harmon P.G., P.E.*



**Earth Systems**

## Northwest

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[kharmon@earthsys.com](mailto:kharmon@earthsys.com)

RE: License : 11-29235-01

Please provide the following information concerning changes of control (transferor and/or transferee, as appropriate). If any items are not applicable, so state.

1. Provide a complete description of the transaction (ie., transfer of stocks or assets, or merger). Indicate whether the name has changed and include the new name. Include the name and telephone number of a licensee contact who NRC may contact if more information is needed.

A. Description a complete description of the transaction:

\*

B.  name change

New name of licensed organization: Earth Services Northwest, PLLC

C.  change in contact

New contact: N/A

New telephone number: N/A

2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel. None FH

A.  No changes in personnel having control over licensed activities.

Changes in personnel having control over licensed activities (e.g. officers of a corporation):

B.  No changes in personnel named in the license.

Changes in personnel named in the license (e.g. RSO, AUs) - include training, experience and responsibilities:

3. Describe, in detail, any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program. None FH

Organization:

Equipment:

Location:

Procedures:

Facility:

Not applicable

## ACCEPTANCE REVIEW MEMO (ARM)

**Licensee:** SWG, Inc, dba Earth Systems Northwest      **License No.:** 11-29235-01  
**Docket No.:** 030-37300      **Mail Control No.:** 472013  
**Type of Action:** Amend      **Date of Requested Action:** 10-17-08  
**Reviewer Assigned:**      **ARM reviewer(s):** R. Browder

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
<b>Branch Chief's and/or HP's Initials:</b> <u>RB</u> <b>Date:</b> <u>11-10-08</u>	

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: 20160831  
Fee Comments:  
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SWG, INC. DBA  
Received Date: 20081017  
Docket No: 3037300  
Control No.: 472013  
License No.: 11-29235-01  
Action Type: Amendment

2. FEE ATTACHED

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

3. COMMENTS

Signed *Carleen Thurman*  
Date 11-10-08

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 \_\_\_\_\_