

August 17, 2009

RECEIVED

AUG 18 2009

DNMS

To: Materials Licensing Branch
Nuclear Regulatory Commission
Region IV
Arlington, TX

Subject: Addition of Seaman Nuclear Corporation C-330 density moisture gage.

Mr. Whitten,

Please amend NRC Materials License 50-27677-01, Docket Number 030-35371 to include Ra²²⁶, a sealed source contained in the Seaman Nuclear Corporation's portable density moisture gage, model C-300. These gages contain 4.5 mCi of Ra²²⁶:Be.

Should you require additional information, please feel free to contact me.

Sincerely,



Keenan E. Remele
RSO

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 03320
Status Code: 0
Fee Category: 30 EX 2B
Exp. Date: 20100630
Fee Comments:
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: KAKIVIK ASSET MANAGEMENT, LLC
Received Date: 20090818
Docket No: 3035371
Control No.: 472382
License No.: 50-27667-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed *Colleen Pinnacker*
Date 8-27-09

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 _____

From: Origin ID: CYMA (907) 770-9400
Ross Crich
Kakivik Asset Management, LLC
111 W 16th Ave,
Suite 100
Anchorage, AK 99501

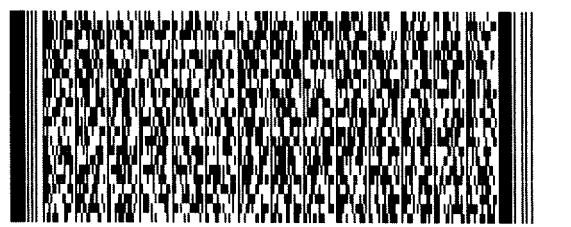


Ship Date: 17AUG09
ActWgt: 1.0 LB
CAD: 8796185/INET9060
Account#: S *****

Delivery Address Bar Code

Ref # Amendment 17
Invoice #
PO #
Dept #
No. 4 7 2 3 8 2

SHIP TO: (800) 952-9677 **BILL SENDER**
Materials Handling Division
U.S.N.R.C.
612 E LAMAR BLVD STE 400
ARLINGTON, TX 76011

TRK# 7978 5312 1395 **TUE - 18AUG A1**
0201 **PRIORITY OVERNIGHT**



AD FWHA
76011
TX-US
DFW


After printing this label:

- 1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
- 2. Fold the printed page along the horizontal line.
- 3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Kakivik Asset Management, LLC **License:** 50-27677-01
Docket: 030-35371 **Mail Control:** 472382
Type of Action: Amend **Date of Requested Action:** 8-17-09
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. <input type="checkbox"/> Change of contact information (RSO), send request to update IC database.

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: *Torres* **Date:** SEP - 4