

**Torres, RobertoJ**

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**From:** Tara Schleeman [tshea@pioneer-technical.com]  
**Sent:** Friday, May 28, 2010 1:54 PM  
**To:** Torres, RobertoJ  
**Subject:** Pioneer Technical Amendment Doc  
**Attachments:** amendment 5-28-10.doc; schleeman certificates.pdf; nrc313 and Appendix B.pdf

Hi Roberto –

I have attached the documents needed to amend Pioneer's license. Please let me know if you need anything else. Thanks and have a great weekend.

*Tara N. Schleeman*  
*Safety Manager*  
*Pioneer Technical Services, Inc.*  
*Office: 406-497-8026*  
*Cell: 406-490-8272*



**RECEIVED**

MAY 28 2010

**DNMS**



P.O Box 3445, Butte, MT 59702  
www.pioneer-technical.com

Nuclear Materials Licensing Branch  
U.S Nuclear Regulatory Commission, Region IV  
612 E. Lamar Boulevard, Suite 400  
Arlington, TX 76011-4125  
Attn: Licensing Attendant

**RECEIVED**

MAY 28 2010

**DNMS**

Dear Licensing Attendant:

The purpose of this letter is to request two (2) amendments to License Number 25-27524-01. The first amendment request is to change the gauge storage locations as follows:

244 Anaconda Road  
Butte, MT 59701

2801 North Roberts  
Helena, MT 59601

The second amendment request is to allow me, the RSO to conduct in-house radiation safety training for Pioneer Technical Services employees. Appendix D of NUREG – 1556 Vol. 1, Rev. 1 outlines the course instructor qualifications. My qualifications are as follows:

- BS degree in Occupational Safety and Health – Science and Engineering Option
- MS degree in Industrial Hygiene
- RSO safety training (certificate attached)
- Nuclear Density Gauge User training (certificates attached)
- Trained user since 2001 – this satisfies the 8 hours of hands-on experience.

Thank you for your assistance in amending our license. If you have any questions please feel free to contact me at 406-497-8026.

Sincerely,

Tara N. Schleeman  
Safety Manager

Ma 572932

**ANACONDA**  
307 East Park Street, Suite 421  
Anaconda, MT 59711  
Phone (406) 563-9371  
Fax (406) 563-9372

**BUTTE**  
63 1/2 West Broadway  
Butte, MT 59701  
Phone (406) 782-5177  
Fax (406) 782-5866

**BILLINGS**  
1925 Grand Avenue, Suite 100  
Billings, MT 59102  
Phone (406) 545-4805  
Fax (406) 545-4658

**HELENA**  
201 East Broadway, Suite C  
Helena, MT 59601  
Phone (406) 457-8252  
Fax (406) 442-1158

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MAY 28 2010

DNMS

No 2088

# Certificate of Completion

This is to certify that Tara Schleeman has completed the

CPN® Radiation Safety Officer Seminar for Nuclear Gauges,

held this 16<sup>th</sup> day of September 2004 in the

City of Martinez State of CA by CPN International.

CPN International, Inc.  
2830 Howe Road  
Martinez, CA 94553 USA  
Phone: (925) 228-9770  
Fax: (925) 228-3183



INSTRUCTOR

Douglas Carter  
RADIATION SAFETY OFFICER

# Certificate of Completion

№ 42972

*This is to certify that* Tara Schleeman *has completed the*  
*basic CPN® training course on Radiation Safety and Use of Nuclear Gauges,*  
*held this* 15<sup>th</sup> *day of* September 2004 *in the*  
*City of* Martinez *State of* CA *by CPN International.*

**CPN International, Inc.**  
2830 Howe Road  
Martinez, CA 94553 USA  
Phone: (925) 228-9770  
Fax: (925) 228-3183



*Douglas Carter*  
INSTRUCTOR  
*Douglas Carter*  
RADIATION SAFETY OFFICER

No 37410

# Certificate of Completion

This is to certify that Tara N. Shea has completed the  
basic CPN® training course on Radiation Safety and Use of Nuclear Gauges,  
held this 22nd day of March 2001 in the  
City of Butte State of Montana by CPN International.

CPN International, Inc.  
2830 Howe Road  
Martinez, CA 94553 USA  
Phone: (925) 228-9770  
Fax: (925) 228-3183



*Shirley Healy*  
INSTRUCTOR  
*Donna Carter*  
RADIATION SAFETY OFFICER

NRC FORM 313

(3-2009)  
10 CFR 30, 32, 33,  
34, 35, 36, 39, and 40

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120

EXPIRES: 3/31/2012

## APPLICATION FOR MATERIALS LICENSE

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to [infocollects.resource@nrc.gov](mailto:infocollects.resource@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION.  
SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

OFFICE OF FEDERAL & STATE MATERIALS AND  
ENVIRONMENTAL MANAGEMENT PROGRAMS  
DIVISION OF MATERIALS SAFETY AND STATE AGREEMENTS  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA,  
KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY,  
NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH  
CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA,  
SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM  
DIVISION OF NUCLEAR MATERIALS SAFETY  
U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
476 ALLENDALE ROAD  
KING OF PRUSSIA, PA 19406-1415

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND  
APPLICATIONS TO:

MATERIALS LICENSING BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION III  
2443 WARRENVILLE ROAD, SUITE 210  
LISLE, IL 60532-4352

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS,  
LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH  
DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS,  
UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV  
612 E. LAMAR BOULEVARD, SUITE 400  
ARLINGTON, TX 76011-4125

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED  
MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

1. THIS IS AN APPLICATION FOR (Check appropriate item)

- ☐ A. NEW LICENSE
- ☒ B. AMENDMENT TO LICENSE NUMBER 25-27524-01
- ☐ C. RENEWAL OF LICENSE NUMBER \_\_\_\_\_

2. NAME AND MAILING ADDRESS OF APPLICANT (Include zip code)

Pioneer Technical Services  
P.O. Box 3445  
Butte, MT 59702

**RECEIVED**

MAY 28 2010

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

Pioneer Technical Services  
63 1/2 W. Broadway  
Butte, MT 59701

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Tara Schleeman

**DNMS**

TELEPHONE NUMBER

(406) 497-8026

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL

- a. Element and mass number; b. chemical and/or physical form; and c. maximum amount  
which will be possessed at any one time.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR  
TRAINING EXPERIENCE.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT.

12. LICENSE FEES (See 10 CFR 170 and Section 170.31)

FEE CATEGORY	AMOUNT ENCLOSED	\$

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING  
UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN  
CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND  
CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO  
ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER -- TYPED/PRINTED NAME AND TITLE

SIGNATURE

DATE

Tara Schleeman, RSO Safety Manager *Tara Schleeman* 5/28/10

## FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	

# ITEMS 5 AND 6: MATERIALS TO BE POSSESSED AND PROPOSED USES

Yes	No	Radioisotope	Manufacturer or Distributor Model No.	Quantity	Use As Listed on SSD Certificate	Specify Other Uses Not Listed on SSD Certificate
✓		Cesium-137	Sealed source manufacturer or distributor and model number:  Device manufacturer or distributor and model number: <u>CPN-MC3</u> <u>Troxler 3440</u> <u>Troxler 3411</u> <u>Troxler 3430</u>	Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration Certificate	Yes <input checked="" type="checkbox"/> Specific description of the gauge use: <u>Compaction &amp; density testing</u>	<input checked="" type="checkbox"/> Not applicable  <input type="checkbox"/> Uses are:  (Submit safety analysis supporting safe use)
✓		Americium-241	Sealed source manufacturer or distributor and model number:  Device manufacturer or distributor and model number: <u>CPN-MC3</u> <u>Troxler 3440</u> <u>Troxler 3441</u> <u>Troxler 3430</u> <u>Niton XLP 722</u>	Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration Certificate	Yes <input checked="" type="checkbox"/> Specific description of the gauge use: <u>metals</u> <u>oil</u> <u>analysis &amp; compaction &amp; density testing</u>	<input type="checkbox"/> Not applicable  <input type="checkbox"/> Uses are:  (Submit safety analysis supporting safe use)

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APPENDIX B

Yes	No	Radioisotope	Manufacturer or Distributor Model No.	Quantity	Use As Listed on SSD Certificate	Specify Other Uses Not Listed on SSD Certificate
		Californium-252	Sealed source manufacturer or distributor and model number: _____ Device manufacturer or distributor and model number: _____	Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration Certificate	Yes <input type="checkbox"/> Specific description of the gauge use: _____ _____ _____ _____ _____	<input type="checkbox"/> Not applicable _____ <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use)
✓		Other Isotope (Specify): Cadmium-109	Sealed source manufacturer or distributor and model number: _____ Device manufacturer or distributor and model number: Niton xlp 722	Not to exceed either the maximum activity per source or maximum activity per device as specified in Sealed Source and Device Registration Certificate	Yes <input checked="" type="checkbox"/> Specific description of the gauge use: Metals soils analysis	<input type="checkbox"/> Not applicable _____ <input type="checkbox"/> Uses are: _____ (Submit safety analysis supporting safe use)
Financial Assurance Required and Evidence of Financial Assurance Provided						



# **ITEMS 7 THROUGH 11: TRAINING AND EXPERIENCE, FACILITIES AND EQUIPMENT, RADIATION SAFETY PROGRAM, AND WASTE DISPOSAL**

Item No. And Title	Suggested Response	Yes	Alternative Procedures Attached
<p>7. <b>INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE – RADIATION SAFETY OFFICER</b></p> <p>Name: <i>Tara Schleeman</i></p>	Before obtaining licensed materials, the proposed RSO will have successfully completed one of the training courses described in Criteria in the section entitled "Individual(s) Responsible for Radiation Safety Program and Their Training and Experience – Radiation Safety Officer" in NUREG-1556, Vol. 1, Rev. 1, dated November 2001.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. <b>TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS</b>	Before using licensed materials, authorized users will have successfully completed one of the training course described in Criteria in the section entitled "Training for Individuals Working In or Frequenting Restricted Areas" in NUREG-1556, Vol. 1, Rev 1, dated November 2001.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. <b>FACILITIES AND EQUIPMENT</b>	No information needs to be submitted in response to this item; key issues are addressed under "Radiation Safety Program – Public Dose" and "Radiation Safety Program – Operating and Emergency Procedures."	<p><b>Separate Item 9 Response</b></p> <p><b>Need Not Be Submitted With Application</b></p>	
10. <b>RADIATION SAFETY PROGRAM – AUDIT PROGRAM</b>	The applicant is <i>not</i> required to, and should not, submit its audit program to NRC for review during the licensing phase.	<p><b>Need Not Be Submitted With Application</b></p>	
10. <b>RADIATION SAFETY PROGRAM – TERMINATION OF ACTIVITIES</b>	The applicant is <i>not</i> required to submit a response to the termination of activities section during the initial application. However, when the license expires when the licensee ceases operation, NRC Form 314 must be submitted.	<p><b>Need Not Be Submitted With Application</b></p>	
10. <b>RADIATION SAFETY PROGRAM – SURVEY INSTRUMENTS</b>	We will either possess and use, or have access to and use, a radiation survey meter that meets the Criteria in the section entitled "Radiation Safety Program – Instruments" in NUREG-1556, Vol. 1, Rev. 1, dated November 2001.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## APPENDIX B

Item No. And Title	Suggested Response	Yes	Alternative Procedures Attached
10. RADIATION SAFETY PROGRAM – MATERIAL RECEIPT AND ACCOUNTABILITY	Physical inventories will be conducted at intervals not to exceed 6 months, to account for all sealed sources and devices received and possessed under the license.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. RADIATION SAFETY PROGRAM – OCCUPATIONAL DOSIMETRY	Either we will maintain, for inspection by NRC, documentation demonstrating that unmonitored individuals are not likely to receive a radiation dose in excess of 10 percent of the allowable limits in 10 CFR Part 20, or we will provide dosimetry processed and evaluated by an NVLAP-approved processor that is exchanged at a frequency recommended by the processor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. RADIATION SAFETY PROGRAM – PUBLIC DOSE	The applicant is <i>not</i> required to submit a response to the public dose section during the licensing phase. This matter will be examined during an inspection.	Need Not Be Submitted With Application	
10. RADIATION SAFETY PROGRAM – OPERATING AND EMERGENCY PROCEDURES	We will implement and maintain the operating and emergency procedures in Appendix H of NUREG-1556, Vol. 1, Rev. 1, dated November 2001, and provide copies of these procedures to all gauge users and at each job site.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<p style="text-align: center;"><b>OR</b></p> <p>Operating and emergency procedures will be developed, implemented, and maintained and will meet the criteria in the section entitled "Radiation Safety Program – Operating and Emergency Procedures" in NUREG-1556, Vol. 1, Rev. 1, dated November 2001.</p>	<input type="checkbox"/>	
10. RADIATION SAFETY PROGRAM – LEAK TEST	Leak tests will be performed at intervals approved by NRC or an Agreement State and specified in the Sealed Source and Device Registration Sheet. Leak tests will be performed by an organization authorized by NRC or an Agreement State to provide leak testing services for other licensees or using a leak test kit supplied by an organization authorized by NRC or an Agreement State to provide leak test kits to other licensees and according to the kit supplier's instructions.	<input checked="" type="checkbox"/>	<input type="checkbox"/> The information in Appendix J supporting a request to perform leak testing and sample analysis is attached.

Item No. And Title	Suggested Response	Yes	Alternative Procedures Attached
10. RADIATION SAFETY PROGRAM – MAINTENANCE	<p><i>Routine Cleaning and Lubrication</i></p> <p>We will implement and maintain procedures for routine maintenance of our gauges according to each manufacturer's recommendations and instructions.</p> <p><i>Non-Routine Maintenance</i></p> <p>We will send the gauge to the manufacturer or other person authorized by NRC or an Agreement State to perform non-routine maintenance or repair operations that require the removal of the source or source rod from the gauge.</p>	<p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>The information listed in Appendix G supporting a request to perform non-routine maintenance in-house is attached.</p>
10. RADIATION SAFETY PROGRAM – TRANSPORTATION	The applicant is <i>not</i> required to submit its response to transportation during the licensing process. However, this issue will be reviewed during inspection.		Need Not Be Submitted With Application
11. WASTE MANAGEMENT – GAUGE DISPOSAL AND TRANSFER	The applicant is <i>not</i> required to submit a response to waste management during the licensing process. However, the licensee should develop, implement, and maintain gauge transfer and disposal procedures in its radiation protection program.		Need Not Be Submitted With Application

This is to acknowledge the receipt of your letter/application dated  
5-28-2010, and to inform you that the initial processing,  
which includes an administrative review, has been performed.

6-17-2010  
DATE

☒ 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:

---

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** 572932.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at 817-860-8103.

Sincerely,

*Colleen Munnahan*  
Licensing Assistant

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM LTS...

Program Code: 03121  
Status Code: Pending Amendment  
Fee Category: 3P  
Exp. Date:  
Fee Comments:  
Decom Fin Assur Req: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: PIONEER TECHNICAL SERVICES, INC.  
Received Date: 06/08/2010  
Docket Number: 3033898  
Mail Control Number: 572932  
License Number: 25-27524-01  
Action Type: Amendment

#### 2. FEE ATTACHED

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

#### 3. COMMENTS

Signed: Colleen Murahan  
Date: 6-08-2010

### 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: \_\_\_\_\_