

MONTANA REFINING COMPANY, INC.1900 TENTH STREET N.E. / GREAT FALLS, MONTANA 59404-1955
PHONE: (406) 761-4100 / FAX: (406) 761-0174 / REFINERY FAX: (406) 761-0777**TELECOPIER COVER PAGE**PLEASE DELIVER 4 PAGES INCLUDING THIS COVER SHEETCOMPANY: _____ FAX #: 1-817-860-8263ATTN: LICENSING ASST PHONE #: _____MESSAGE: HERE IS THE PAPER WORK THAT IS NEEDEDJOE HIRST. EMAIL- JHIRST@MONTANAREFINING.COMLICENSE # 25-27488-01FROM: JOE HIRST DATE: 5/21/10**IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL (406) 761-4100**

NOTE: Unless otherwise indicated or obvious from the nature of the transmittal, the information contained in this facsimile message is privileged and confidential information intended for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error or are not sure whether it is privileged, please immediately notify us by telephone, and return the original message to us at the above address via the U.S. Postal Service. Thank You.



MONTANA REFINING COMPANY, INC.

1900 10th Street N.E., Great Falls, MT 59404
(406) 761-4100 • (406) 761-0174 (fax)

May 12, 2010

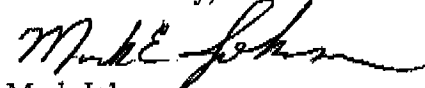
To Whom It May Concern:

Here are the changes we need to make to our license. I have kept most of the license the same except for adding a few items and getting rid of 13D & 18. If you have any questions, please give me a call.

1. OK
2. OK
3. OK
4. OK
- 6A. OK
- 6B. OK
- 7A. Sealed sources, Type A, With lockable shutter, like ThermoFisher Scientific,
- 7B. Sealed neutron source, special form, like ThermoFisher Scientific.
- 8A. OK
- 8B. OK
9. For level detection and density for controlling of product and material in accordance with the certificate of registration issued by the U.S. Nuclear Regulator Commission under 10 CFR 32.210 or with an Agreement State and which have been distributed in accordance with a Commission or Agreement State specific license authorizing distribution to persons specifically authorized by a Commission or Agreement State license to receive, possess, and use the devices.
10. OK
11. OK
- 12A. The Radiation Safety Officer (RSO) for this license is Joseph B. Hirst with Shane Johnson as back-up RSO
- 12B. OK
- 13A. ok
- 13B. OK
- 13C. OK
- 13D. N/A
- 13E. OK

- 13F. OK
- 13G. OK
- 13H. OK
- 14. OKI
- 15. OK
- 16A. OK
- 16B. OK
- 17A. The following services can be performed by the licensee: installation, initial radiation surveys, relocation, removal from service, alignment, replacement, disposal of the sealed source and normal routine maintenance of shutter.
- 17B. The following services shall not be performed by the licensee: non-routine maintenance or repair of the components related to the radiological safety of the gauge (i.e., the sealed source, the source holder, source drive mechanism, on-off mechanism (shutter), shutter control, shielding). These services shall be performed only by persons specifically licensed by the U.S. Nuclear Regulatory Commission or an Agreement State to perform such services.
- 18. N/A
- 19A. OK
- 19B. OK
- 20. OK
- 21. OK
- 22. OK
- 23. OK
- 24. OK
- 25. OK
- 26. OK

Yours Sincerely,


Mark Johnson

- 13F. OK
- 13G. OK
- 13H. OK
- 14. OKI
- 15. OK
- 16A. OK
- 16B. OK
- 17A. The following services can be performed by the licensee: installation, initial radiation surveys, relocation, removal from service, alignment, replacement, disposal of the sealed source and normal routine maintenance of shutter.
- 17B. The following services shall not be performed by the licensee: non-routine maintenance or repair of the components related to the radiological safety of the gauge (i.e., the sealed source, the source holder, source drive mechanism, on-off mechanism (shutter), shutter control, shielding). These services shall be performed only by persons specifically licensed by the U.S. Nuclear Regulatory Commission or an Agreement State to perform such services.
- 18. N/A
- 19A. OK
- 19B. OK
- 20. OK
- 21. OK
- 22. OK
- 23. OK
- 24. OK
- 25. OK
- 26. OK

Yours Sincerely,

Mark Johnson

Training Certificate

Joseph B. Hirst

This is to Certificate the above named individual has completed
the 16 hour Radiation Safety Officer Training Course given on:
February 09, 2010 at:

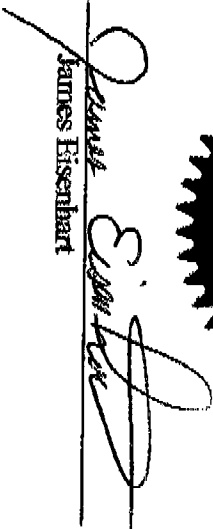
Montana Refinery
1900 10th Ave. N.E.
Great Falls, MT. 59404



RS&S

P.O. Box 3039, Battle Ground, WA. 98604
Tel.: (360) 369-6549 E-Mail: eisenhart3@aol.com
Radioactive Materials License: WA-L0144 & ORE-91083

Certified By:


James Eisenhart



MONTANA REFINING COMPANY, INC.

1900 TENTH STREET N.E. / GREAT FALLS, MONTANA 59404-1955
PHONE: (406) 761-4100 / FAX: (406) 761-0174 / REFINERY FAX: (406) 761-0777

TELECOPIER COVER PAGE

PLEASE DELIVER 2 PAGES INCLUDING THIS COVER SHEET

COMPANY: _____ FAX #: 1-817-860-8263
ATTN: LICENSING ASST PHONE #: _____

MESSAGE: HERE is the Signing Page you
REQUESTED. I hope this is EVERYTHING
IF ANYTHING ELSE is NEEDED, FEEL FREE TO CALL
ME, JOE HIRST (406) 454-9848
Thank you

FROM: JOE HIRST DATE: 5/24/10

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL (406) 761-4100

NOTE: Unless otherwise indicated or obvious from the nature of the transmittal, the information contained in this facsimile message is privileged and confidential information intended for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error or are not sure whether it is privileged, please immediately notify us by telephone, and return the original message to us at the above address via the U.S. Postal Service. Thank You.

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Montana Refining Co.

License: 25-27488-01

Docket: 030-33433

Mail Control: 572949

Type of Action: Amend

Date of Requested Action: 5-21-10

Reviewer
Assigned:

ARM reviewer(s): Torres

Response	Deficiencies Noted During Acceptance Review
	<input checked="" type="checkbox"/> Request licensee to provide non routine maintenance to support changes to license condition 17.

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: RT

Date: 6-9-10

This is to acknowledge the receipt of your letter/application dated
5-21-2010, and to inform you that the initial processing,
which includes an administrative review, has been performed.

6-16-2010
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** 572949.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Cecilia Murnahan
Licensing Assistant

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

Program Code: 03120
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: MONTANA REFINING COMPANY INC
Received Date: 06/08/2010
Docket Number: 3033433
Mail Control Number: 572949
License Number: 25-27488-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed: _____

Colleen Murnahan

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: _____