



**UNITED STATES
NUCLEAR REGULATORY COMMISSION**

REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, ILLINOIS 60532-4352

FEB 03 2011

David R. Rands
Radiation Safety Officer
Twin Ports Testing, Inc.
1301 North Third Street
Superior, WI 54880

SUBJECT: TERMINATION OF YOUR NRC RADIOACTIVE MATERIALS LICENSE

Dear Mr. Rands:

In letter dated December 23, 2010, you contacted the U.S. Nuclear Regulatory Commission and indicated that you wished to terminate your NRC radioactive material license No. 48-23476-01. Based on the information provided in your letter, no further remediation or actions with respect to NRC regulated material is required. Your NRC license number 48-23476-01 is hereby terminated.

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter and its enclosure will be available electronically for public inspection in the NRC Public Document Room or from the NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html>.

If you have any questions, please call me at (630) 829-9873.

Sincerely,


James R. Mullauer, M.H.S.
Health Physicist
Materials Licensing Branch

License No. 48-23476-01
Docket No. 030-22241

Enclosure: Amendment No. 08

I. License Document

Completed

Not applicable

- | | | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Update leak-test condition |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Update decay-in-storage condition |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Eliminate exclusions from 35.200 in items 7 and 9, and authorized users |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Eliminate limited to cardiovascular procedures only from license |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Verify 35.400 and 35.500 model numbers are listed |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Specify possession limits for 35.400, 500, 600 and 1000 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | For non-medical, specify total possession limits |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | SUNSI marking if applicable |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Verify security condition for portable gauges |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Does the licensee use Pet materials and if so, shielding information provided |

II. Miscellaneous Documents

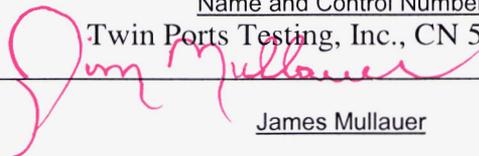
Completed

Not applicable

- | | | |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pre-licensing guidance form completed |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Include personal certification and CATX statement |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Criteria in the appropriate NUREG series used |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Update LTS and tab/highlight those items requiring change |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Assure that the appropriate SUNSI paragraph is used in cover letter |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Right wording for 35.300 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Decon check list used |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Checklist for Financial Assurance |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | SUNSI paragraph included in faxes to the licensee |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Does the license still exceed IC limits |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | If so, did you Mark the license and add the IC condition and paragraph in cover letter? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Did you email Branch Chief to cancel the IC Order? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Use streamlining strategy for renewal? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Confirm that the new RSO is aware of the duties and responsibilities of the position. |

Name and Control Number

Twin Ports Testing, Inc., CN 574167, 2/2/11



James Mullauer