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MAY 22 2012

Michelle,

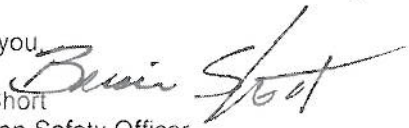
DNMS

This is to request a revision to the Sealed Source License, 50-29098-01, for Fairbanks Gold Mining, Inc., Fort Knox, Fairbanks Alaska. The current license states that the Model SA-1 sources require a leak test every 6 months, but according to the Registry, dated January 17, 2003, NO. KY-576-D-I 01-B, pg 6 of 7, Limitations and/or Other Considerations of Use, 3rd bp, a leak test is only required every 36 months for all SA-1 sealed source devices. This resulted in the issuance of a Level IV violation, Notice of Violation on July 28, 2011, Docket 030-34080 against Fairbanks Gold. The violation has been resolved, but it is the desire of Fairbanks Gold to be in compliance with the NRC and the Ronan registry. I am thereby requesting a revision to the license to reflect the 36 month testing interval.

Your attention to this matter would be greatly appreciated.

Thank you

Brian Short  
Radiation Safety Officer  
Fort Knox Gold Mine  
Fairbanks, Alaska  
907-490-2256  
Or  
907-490-6183



577557



Fort Knox

Fairbanks Gold Mining, Inc.  
*A Kinross company*  
PO Box 73726  
Fairbanks, AK, USA 99707-3726

phone: (907) 488-4653  
fax: (907) 490-2290

## Fax Cover Sheet

TO: Michelle Hammond

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FAX: 1-817-860-8188

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PHONE: 1-817-200-1127

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SUBJECT: License Update

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DATE: 5-14-2012

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PAGES: 1

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COMMENTS: Your attention to this is much appreciated.

FROM: Brian Short

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FAX: 1-907-490-2290

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PHONE: 1-907-490-2256 or 6183

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DATE  
05/22/2012

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE  Fairbanks Gold Mining, Inc. ATTN: Brian Short Radiation Safety Officer P.O. Box 73726 Fairbanks, Alaska 99707-3726	LICENSE NUMBER 50-29098-01
	MAIL CONTROL NUMBER 577557
	LICENSING AND/OR TECHNICAL REVIEWER ch

This is to acknowledge the receipt of your:

LETTER and/or  APPLICATION      DATED: 05/14/2012

The initial processing, which included an administrative review, has been performed.

AMENDMENT     TERMINATION     NEW LICENSE     RENEWAL

- There were no administrative omissions identified during our initial review.
- This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.
- Your application for a new NRC license did not include your taxpayer identification number. Please fill out NRC Form 531, located at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted separately if there is a fee issue involved.

Your application has been assigned the above listed **MAIL CONTROL NUMBER**. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV  
U. S. Nuclear Regulatory Commission  
DNMS/NMSB - B  
1600 E. Lamar Boulevard  
Arlington, TX 76011-4511  
(817) 200-1103 or (817) 200-1140

*emailed 5/22/12*

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: 08/31/2011  
Fee Comments:  
Decom Fin Assur Req: N

### License Fee Worksheet - License Fee Transmittal

#### A. REGION

##### 1. APPLICATION ATTACHED

Applicant/Licensee: Fairbanks Gold Mining, Inc.  
Received Date: 05/22/2012  
Docket Number: 3034080  
Mail Control Number: 577557  
License Number: 50-29098-01  
Action Type: Amendment

##### 2. FEE ATTACHED

Amount: \_\_\_\_\_

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

##### 3. COMMENTS

Signed: \_\_\_\_\_

*Carl Lohice*

Date: \_\_\_\_\_

*5/22/12*

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