



P.O. Box 1591 - 701 East Broadway
 Williston, North Dakota 58802-1591

NOV 30 1999

November 30, 1999
 US NRC
 Region IV
 ATTN: Christi Hernandez
 611 Ryan Plaza Drive
 Arlington, TX 76011-8064

Dear Christi:

I am making the following clarification to the 241 amendment dated November 15, 1999.

Bear Paw Energy will need our services from October 10, 1999 thru December 31, 1999. This is a pipeline and related facilities project located 15 miles south of Gillette, Wyoming. I would also like to note that we were not engaged in any activities on the following dates. (November 25, 1999),(November 26, 1999),(November 27, 1999),(November 28, 1999) During this period all crews returned to Williston, ND. On November 29, 1999 crews returned to Gillette, WY and resumed there work.

Should you have any questions please call me at 701-572-1589.

Sincerely,

Jerry Thompson
 Secretary/ Treasurer
 T&K Inspection, Inc.

Authorizing Official:

M. C. Hernandez
 Signature

M. C. Hernandez
 Title: Radiation Specialist

Date: 12/2/99

PDR STPRG

NE05
 Copy to BIV

NOV 30 1999

Attention: Christi Hernandez

Date: 11/30/99

Company: NRC

Number of Pages: 2

Fax Number: 1-817-860-8263

Voice Number: 1-817-860-8217

From: Jerry Thompson

Company: T & K INSPECTION INC.

Fax Number: 701-572-1589

Voice Number: 701-572-1589

Subject: 241 Amendment

Comments:



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TEXAS 76011-8064

DEC - 2 1999

MEMORANDUM TO: Shirley Crutchfield
License Fee & Accounts Receivable Branch (T9 E10)
FROM: Christi Hernandez
Nuclear Materials Licensing Branch, Region IV *MCH.*
SUBJECT: FEE TRANSMITTAL

A. Region IV

1. NRC FORM 241 ATTACHED

Applicant/Licensee:
NRC Form 241 Dated:
Agreement State License:
Program Code(s):

2. REVISION ATTACHED

Licensee:
Agreement State License:

3. CLARIFICATION ATTACHED

Licensee: *T & K Inspection*
Agreement State License: *33 - 22313 - 01*

4. FEE ATTACHED

Amount: \$ Check: #

5. COMMENTS

B. LICENSE FEE & ACCOUNTS RECEIVABLE BRANCH

1. Fee Category and Amount: _____

2. Correct Fee Paid. Submittal may be processed for:

General License _____

Revision _____

Signed _____ Date _____