

## ACCEPTANCE REVIEW MEMO

Licensee: Entranco, Inc.

License No.: 25-26814-01

Docket No.: 030-20347

Mail Control No.: 470687

Type of Action: Amend Date of Requested Action: 08-12-05

Reviewer Assigned: Judith Date Assigned to Reviewer: 09-15-05

Reviewer(s) Who Performed Review: Torres

Response Received	Deficiencies Noted During Acceptance Review
✓	1. Clarify if request is to terminate Entranco license. <del>XXXXXXXXXXXXXXXXXXXX</del>
✓	2. Submit latest leak test results because change of location (Suite 10 to 11). NO
	3. <i>(reception desk has moved)</i>

Reviewer's Initials: JW

Date: 10/17/05

Branch Chief's and/or SR. HP's Initials: ADG

Date: 10/18/05

- ☐ Yes ☐ No Action - decommissioning notification should be issued within 30 days.
- ☐ Yes ☐ No Termination request < 90 days from date of expiration
- ☐ Yes ☐ No Action to be expedited
- \_\_\_\_\_ Medical emergency
- \_\_\_\_\_ Licensee in noncompliance (i.e. no RSO, location of use/storage not on license, radioactive material in possession not on license)
- \_\_\_\_\_ National Security
- \_\_\_\_\_ Other (\_\_\_\_\_)

Branch Chief's and/or Sr. HP's Initials: \_\_\_\_\_

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

### SISP Review

☐ Yes ☒ No

Non-Publicly Available, Sensitive if any item below is checked

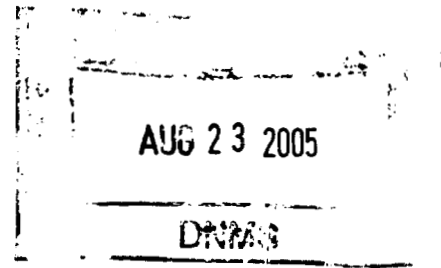
- \_\_\_\_\_ Radionuclides, forms, and quantities
- \_\_\_\_\_ Location of RAM
- \_\_\_\_\_ Building drawings with locations of RAM
- \_\_\_\_\_ Security of RAM (locks, alarms, etc.)
- \_\_\_\_\_ SS&D Catalog information
- \_\_\_\_\_ Specifics of Emergency Plan (routes to and from RAM, response to security events, etc.)
- \_\_\_\_\_ Safeguards Information

Branch Chief's and/or Sr. HP's Initials: ADG

Date: 9/15/05



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2030 11th Avenue  
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www.greatwesteng.com



August 12, 2005

Ms. Colleen Murnahan  
Division of Nuclear Materials Safety  
Nuclear Materials Licensing Assistant  
U.S. NRC Region IV  
Texas Health Resources Tower  
611 Ryan Plaza, Suite 400  
Arlington, TX 76011-4005

**RE: License No. 25-26814-01, Change of Ownership**

Enclosed please find a Change of Ownership Form relating to the sale of the assets of the Helena, MT branch of Entranco to Great West Engineering, Inc.

Please feel free to contact me if you have any questions or require any additional information.

Sincerely,

**Great West Engineering, Inc.**

Joel S. Pilcher  
Radiation Safety Officer

Enc.

Information Required for Change of Control and/or Change of Ownership  
(to include a name change)

source: Appendix F of NUREG-1556, Volume 15 (Date Published: November 2000)

**Please provide the following information concerning changes of control (transferor and/or transferee, as appropriate). If any items are not applicable, so state.**

1. Provide a complete description of the transaction (i.e., transfer of stocks or assets, or merger). Indicate whether the name has changed and include the new name. Include the name and telephone number of a licensee contact who NRC may contact if more information is needed.

A. Description of the transaction: The Helena Branch of Entranco had it's assets purchased by a group of individuals in the office. The new name is Great West Engineering, Inc. Daniel McCauley was the branch manager for Entranco and is the President of Great West

B. ☐ No name change He can be reached at (406)4956151

☒ New name of licensed organization: Great West Engineering, Inc.

C. ☒ No change in contact

☐ New contact: \_\_\_\_\_

☐ New telephone number: \_\_\_\_\_

2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel.

A. ☒ No changes in personnel having control over licensed activities.

☐ Changes in personnel having control over licensed activities (e.g. officers of a corporation):

B. ☒ No changes in personnel named in the license.

☐ Changes in personnel named in the license (e.g. RSO, AUs) - including training, experience and responsibilities:

3. Describe, in detail, any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.

☒ Organization: The name changed to ☐ Equipment:  
Great West Engineering, Inc.

☒ Location: The front office has ☐ Procedures:  
changed suite 10 to  
suite 11.

☐ Facility:

☐ Not applicable

4. Describe the status of the surveillance program (i.e., surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.

A. Description of the status of all surveillance program: Current surveillance Program includes inventory and leak test every six months, along with a yearly audit. No change in this program is planned.

B. Surveillance Items & Records: calibrations, leak tests, surveys, inventories, and accountability requirements will be current at the time of transfer

☒ Yes ☐ No (explain)

5. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.

Records transferred to:

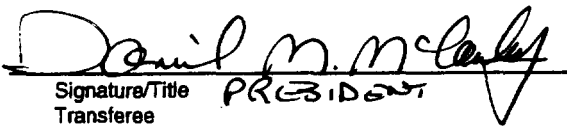
☐ New licensee ☐ NRC for license termination ☒ Not applicable

6. Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.

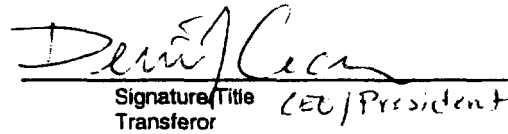
☐ Description of proposed licensed program attached

OR

Great West Engineering, Inc. will abide by all constraints, conditions,  
(transferee)  
requirements and commitments of Entranco  
(transferor)

  
Signature/Title  
Transferee PRESIDENT

JUN 6, 2005  
date

  
Signature/Title  
Transferor CEO/President

7/15/05  
date

OR

☐ Not applicable (name change only)

  
Certifying Officer - Signature

Joel S. Pilcher, Radiation Safety Officer  
Certifying Officer - Typed name and title

7/6/05  
Date

This is to acknowledge the receipt of your letter/application dated  
8/12/05, and to inform you that the initial processing,  
which includes an administrative review, has been performed.

10/19/05  
DATE

☒ There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card:

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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 470687.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at 817-860-8103.

Sincerely,

*Cecelia Murahan*  
Licensing Assistant

(FOR LEMS USE)  
INFORMATION FROM LTS  
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Program Code: 03121
Status Code: 0
Fee Category: 3P
Exp. Date: 20110731
Fee Comments:
Decom Fin Assur Reqd: N.....

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Decom Fin Assur Req'd: N

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- Decom Fin Assur Req'd: N

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- Decom Fin Assur Req'd: N

Decom Fin Assur Req'd: N

- Decom Fin Assur Req'd: N

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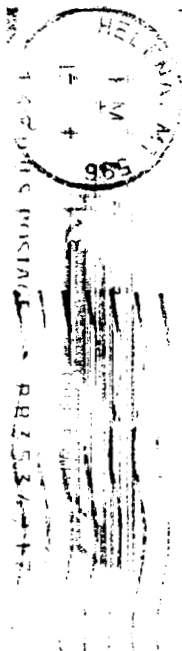
Decom Fin Assur Req'd: N

- Decom Fin Assur Req'd: N

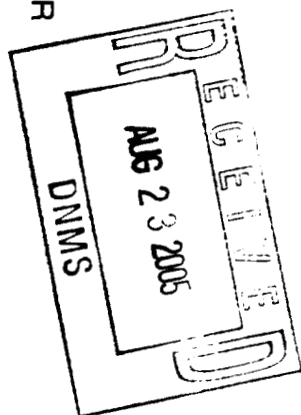
Decom Fin Assur Req'd: N



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COLLEEN MURNAHAN  
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76011#4005

