

M/S # 16

Sletten CONSTRUCTION • DESIGN BUILD COMPANIES

74

GREAT FALLS • LAS VEGAS • PHOENIX

DL-100196-05

P.O. Box 2467 • Great Falls, Montana 59403
(406) 761-7920 • FACS Number (406) 761-7923

October 1, 1996



Ms Billie Gruszynski
Material Radiation Protection Section
U.S. Nuclear Regulatory Commission, Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-8064

Re: Additional Information to My Ltr, September 25, 1996, Termination
of Material License Number 25-26954-01

Dear Ms Gruszynski.

The following information is submitted for review as requested in our telephone
conversation on October 1, 1996.

Montana Department of Transportation, Material Bureau, License
Number 25-11498-01

The Troxler Model 3400 Series gauges shown on our license are the
only gauges this company has owned.

There has never been any indication of leakage, as conducted through
leak tests, of either machine that we had in our possession.

If I may be of further assistance or you require additional information, please do not
hesitate to contact me.

Sincerely,

SLETTEN CONSTRUCTION COMPANY

Fred Dahlman
Radiation Safety Officer

cc File

466215



CONSTRUCTION • DESIGN BUILD
COMPANIES

GREAT FALLS • LAS VEGAS • PHOENIX

P.O. Box 2487 • Great Falls, Montana 59403
(406) 761-7920 • FACs Number (406) 761-0923

1000 25th Street North
Great Falls, Montana 59401

FACSIMILE TRANSMISSION

TO: U.S. Nuclear Regulatory Commission

ATTENTION: Mr. Eric Bouszynski

FROM: FRED DAHLER

DATE: 10/1/96

RETURN
FACSIMILE #: (406) 761-0923

NUMBER OF TOTAL PAGES: 2

ADDITIONAL COMMENTS:

BETWEEN
License Fee Management Branch, ARM
Regional Licensing Sections

PROGRAM CODE 03121
STATUS CODE 03P
EXP. DATE 20041031
FEE COMMENTS
Decom Fin Assur Impd

INFO (FOR LEMS, HSE)
INFO (FOR LEMS, HSE) LTS

FORM 001-1 (Rev. 1-24)

LICENSE FEE TRANSMITTAL

A REGIONAL

1 APPLICATION ATTACHED
Applicant Licensee
Docet No
Contract No
License No
Action Type
SLETTEN CONSTRUCTION CO
960910
9031741
48026954-01
Termination

2 FEE ATTACHED

Amount
Check No

3 COMMENTS

Signed *[Signature]*
Date *[Date]*

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone)

1 Fee Category and Amount:

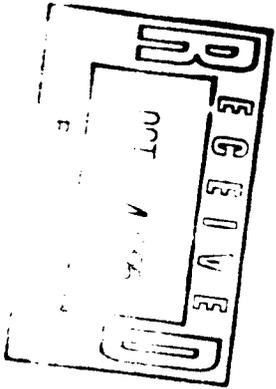
2 Correct Fee Paid Application may be processed for

Amendment
Renewal
License

3 OTHER

Signed _____
Date _____

FEE EXEMPT



| | |
|--------------|--|
| Year | |
| Amount | |
| Fee Category | |
| Application | |
| Comments | |