

11-5-07

MSIB-A P&GD 006

ATTACHMENT 2

FOLDER CONTENTS FOR E-LICENSE CASE: MC# 022630			
Solar Planet, Inc., dba SUPRA Technologies			
986 Galena Ave			
Napa, CA 94558			
Document Description	Document Date	1st Reviewer Folder Check	LA ADAMS Input
Exempt License Application	9/24/07	✓	
Acceptance review letter (Same 1 ST RAI)	10/2/07	✓	
NRC RAI No. 1 (Same as acceptance)	10/2/07	✓	
NRC review checklist	10/29/07	✓	
RAI response			
Exempt Licensing Certificate			
Completion letter for E-License Case			
Additional documents			
NRC RAI No. 2 E-mail 11:32pm	10/15/07	✓	
RAI No. 2 response E-mail + Letter	10/16/07	✓	
Note to File for E-License Case " " 12:25pm	10/15/07	✓	
NRC email			
Email from licensee			
Letter to regarding proprietary information			
Telephone Record			
RAI No. 3 Email	10/22/07	✓	
RAI No. 3 response " "	10/24/07	✓	
RAI No. 4 " "	10/26/07	✓	
RAI No. 5 " "	10/29/07	✓	
RAI No. 5 response " "	10/30/07	✓	

LTS WORKSHEET

DOCKET NO : 03037553 LICENSE NO : 0423759-01E STATUS: 3
MAIL CONTROL: 022630 RECEIPT DATE : 20071001 ACTION TYPE: 2
DUE DATE : 20071230
FED. GOVT : C INST. CODE : 23959 LICENSE REGION: 0
ISSUE DATE: 20071105 ORIGINAL DATE: 20071105 EXPIRATION DATE: 20171130
NAME : SOLAR PLANET INC. DECOM FIN ASSUR REQD: N
SUBM: -
DEPT/BUREAU: DBA SUPRA TECHNOLOGIES CONT PLAN REQD: N APPRV: -
BUILDING : _____
STREET : 986 SALVADOR AVE
CITY : NAPA STATE: CA ZIP: 94558
CONTACT PERSON: LEIF VASSTROM PHONE: 415-725-6666
PRIMARY PGM CODE : 03251 SECONDARY PGM CODES: _____
INSPECTION REGION: 4 PRIORITY CODE: 5 INSPECTION CATEGORY: E2
RADIATION SAFETY OFFICER: Leif Vasstrom
RSO PHONE: 415-725-6666 RSO FAX NUMBER: 415-520-5318
RSO EMAIL ADDRESS: lvasstrom@covad.net
STATES WHERE USE IS AUTHORIZED: 1 0 - ALL LISTED STATES
1 - SAME AS STATE IN ADDRESS
2 - ALL STATES
3 - NON-AGREEMENT STATES
AUTHORIZED STATES: _____ (USE ONLY IF ABOVE IS ZERO)
REPORTING IDENTIFICATION SYMBOL: _____
APPROVAL FOR: REDISTRIBUTION: N STORAGE ONLY: N
TEMPORARY JOB SITES: N INCINERATION: N
BURIAL: N
EXEMPTIONS GRANTED : _____
EXEMPTIONS REQUESTED: _____
EXEMPTIONS DENIED : _____

NAME

AUTHORIZATION

ADDRESS WHERE MATERIAL IS USED OR POSSESSED

BUILDING: Unit 5105
ROOM: _____
STREET: 1125 Golden Gate Drive
CITY: NAPA
STATE: CA
INSPECTION DATE: 94558

INSPECTION DATE: _____

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