

ACCEPTANCE REVIEW MEMO

Licensee: Solvay Chemicals Inc.

License No.: 49-19597-02

Docket No.: 030-29284

Mail Control No.: 470903

Type of Action: Amend Date of Requested Action: 03-03-06

Reviewer Assigned: Torres Date Assigned to Reviewer: 3/14/06

Reviewer(s) Who
Performed Review: Torres

Response Received	Deficiencies Noted During Acceptance Review
<u>3/14/06</u>	1. Licensee needs to sign amendment request
	2. (letter dtd March 3, 2006)
	3. → Requested info. by leaving voicemail message to Mr Nelson.
	4.

Reviewer's Initials: RJC

Date: 3/14/06

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

Date: 3/14/06

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

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

SISP Review	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Non-Publicly Available, Sensitive if <u>any</u> item below is checked
	<input type="checkbox"/> Radionuclides, forms, and quantities
	<input type="checkbox"/> Location of RAM
	<input type="checkbox"/> Building drawings with locations of RAM
	<input type="checkbox"/> Security of RAM (locks, alarms, etc.)
	<input type="checkbox"/> SS&D Catalog information
	<input type="checkbox"/> Specifics of Emergency Plan (routes to and from RAM, response to security events, etc.)
	<input type="checkbox"/> Safeguards Information

Branch Chief's and/or Sr. HP's Initials: RJC Date: 3/14/06



SOLVAY CHEMICALS

INTEROX, FLUORIDES & MINERALS

MAR 2 - 2006

SOLVAY CHEMICALS, INC.
P O Box 1167, Green River, WY 82935
Tel: 307.875-6500 FAX: 307.872-6510
For missing pages, tel: 307.872-6616

CONFIDENTIALITY NOTICE

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS TELECOPY IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AT 307 875-6500 AND WE WILL ARRANGE FOR THE RETRIEVAL OF THIS TELECOPY AT NO COST TO YOU.

Date: 3/3/06

To: Colleen Murnahan

Telecopier No.: 1-817-860-8263

From: Curtis Nelson

No. of pages including cover sheet: 3

Message:



March 3, 2006

Colleen Mumahan
United States
Nuclear Regulatory Commission
Nuclear Materials Licensing Branch
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011-4005

Ms. Mumahan:

Per our telephone conversation on March 3rd, 2006 with Rachel S. Browder, Solvay Chemicals, Inc. hereby submits this request to amend our Materials License (License # 49-19591-02, Docket # 30-29284), in that our company incurred a new RSO and requesting change beginning March 3rd, 2006. The new RSO and contact of correspondence involving NRC information for our facility is Curtis Nelson. Attached is the information required to make this change per Appendix F of NUREG-1556. A copy of my training certification is attached. A timely response to this request would be greatly appreciated. If you have any questions or need further clarification, please advise. I can be reached at 307-872-6616.

Respectfully,

Curtis Nelson
Safety & Training Representative

P.O. Box 1167
400 County Road 85
Green River, WY 82935
Phone number 307-872-6616
Fax number 307-872-5880

**SOLVAY
CHEMICALS**

INTEROX, FLUORIDES & MINERALS

March 3, 2006

Colleen Murnahan
United States
Nuclear Regulatory Commission
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611 Ryan Plaza Drive, Suite 400
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Ms. Murnahan:

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Respectfully,

Curtis Nelson
Safety & Training Representative

P.O. Box 1167
400 County Road 85
Green River, WY 82935
Phone number 307-872-6616
Fax number 307-872-5880

Radiation Safety & Control Services, Inc.

Awards this certificate to

Curtis Nelson

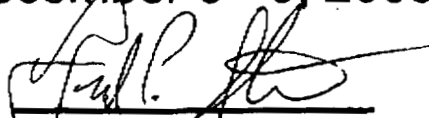
in recognition of satisfactory completion of our 40-hour

**Radiation Safety Officer
Training Course**



Las Vegas, Nevada

December 5 - 9, 2005


Frederick P. Straccia, CHP



This course has been approved for 40, Category A, CE credits (reference number NHZ0183001) by the ASRT Dept. of Education.

NOTE: This class satisfies the Department of Transportation requirements listed in Title 49 CFR parts 172 subpart H and expires three years from the date listed above.

3-15-06

DATE

This is to acknowledge the receipt of your letter/application dated 3-14-06, and to inform you that the initial processing, which includes an administrative review, has been performed.

☒ 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:

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 470903.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Murrah

Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LEMS USE)
INFORMATION FROM LTS

Program Code: 03120
Status Code: 0
Fee Category: 3P
Exp. Date: 20130630
Fee Comments:
Decom Fin Assur Regd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SOLVAY CHEMICALS INC
Received Date: 20060303
Docket No: 3029284
Control No.: 470903
License No.: 49-19597-02
Action Type: Amendment

2. FEE ATTACHED

Amount: 7
Check No.: 7

3. COMMENTS

Signed Atty Gen. M. Duran
Date 3/10/06

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 _____