

ACCEPTANCE REVIEW MEMO (ARM)

Licensee:	Miller/Watts Constructors Inc.	License No.: 53-27792-01
Docket No.:	030-36711	Mail Control No.: 471074
Type of Action:	Amend	Date of Requested Action: 08-07-06
Reviewer Assigned:	Roberto	ARM reviewer(s): Cook

Response	Deficiencies Noted During Acceptance Review
8/16/06	<div style="font-family: monospace;"> [] Open ended possession limits. Limit possession. Submit inventory. [X] Submit copies of most recent leak test results. [] Add - delete IC license condition. Add IC paragraph in cover letter. [] Split license from cover letter. Add SUNSI marking to license. [] Ask the licensee if they have any type-amount of EPAct Material. </div>
8/16/06	Need Appendix F.

Reviewer's Initials: ATC Date: 8/18/06

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unrestricted release Group 2 or >: Transfer memo to FCDB within 10 days.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Decommissioning notification should be completed 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	Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	TAR needed to complete action.

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

SUNSI Screening according to RIS 2005-31	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Non-Publicly Available, Sensitive if <u>any</u> item below is checked	
General guidance:	
<input type="checkbox"/> RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule	
<input type="checkbox"/> Exact location of RAM (whether = or > than Category 3 or not)	
<input type="checkbox"/> Design of structure and/or equipment (site specific)	
<input type="checkbox"/> Information on nearby facilities	
<input type="checkbox"/> Detailed design drawings and/or performance information	
<input type="checkbox"/> Emergency planning and/or fire protection systems	
Specific guidance for medical, industrial and academic (above Category 3):	
<input type="checkbox"/> RAM quantities and inventory	
<input type="checkbox"/> Manufacturer's name and model number of sealed sources & devices	
<input type="checkbox"/> Site drawings with exact location of RAM, description of facility	
<input type="checkbox"/> RAM security program information (locks, alarms, etc.)	
<input type="checkbox"/> Emergency Plan specifics (routes to/from RAM, response to security events)	
<input type="checkbox"/> Vulnerability/security assessment/accident-safety analysis/risk assess	
<input type="checkbox"/> Mailing lists related to security response	

Branch Chief's and/or Sr. HP's Initials: ATC Date: 8/19/06



Honolulu, HI

RECEIVED

AUG 07 2006

DNMS

August 3, 2006

Nuclear Regulatory Commission
Mr. Anthony D. Gaines
Sr. Health Physicist
Nuclear Materials Licensing Branch
611 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

SUBJECT: LICENSE AMMENDMENT

Dear Sir:

We are requesting two amendments to our current License No. 53-27792-01.

The first amendment is to change the company name from Miller/Watts Constructors, Inc to Watts Constructors.

The second amendment is to change our address from 3375 Koapaka St. Suite B206, Honolulu HI 96819 to 735 Bishop St. Suite 230, Honolulu HI 96813.

Sincerely,

A handwritten signature in black ink, appearing to read "Dan Vasilash". The signature is fluid and cursive, with a large, stylized "D" and "V".

Dan Vasilash
CHST, CHMM, STS
Safety Director

From: Roberto Torres
To: dan.vasilash@watts-con.com
Date: 08/10/2006 4:05:24 PM
Subject: Request for additional information

Mr. Vasilash:

I talked to Linda Barnes on 8/10/06 and explained to her that the attached form (Appendix F) needs to be filled out everytime there is a company name change. Fill out the form, have a corporate official sign it, then return the form to me via fax (817-860-8263) or email (as pdf format).

In addition I need copies of the latest leak test results for all your portable gauges so I can release for unrestricted use (i.e. remove from the license) the 3375 Koapaka Street location of use. Thank you.

Roberto J. Torres
Senior Health Physicist
U.S. Nuclear Regulatory Commission, Region IV
Division of Nuclear Materials Safety
Nuclear Materials Licensing Branch
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011
Telephone 817-860-8189
Facsimile 817-860-8188
rjt@nrc.gov

Mail Envelope Properties (44DB9F94.2A8 : 18 : 64234)

Subject: Request for additional information
Creation Date 08/10/2006 4:05:24 PM
From: Roberto Torres
Created By: RJT@nrc.gov

Recipients	Action	Date & Time
nrc.gov		
ARL_PO.ARL_DO	Delivered	08/10/2006 4:05:24
PM		
RJT BC (Roberto Torres)	Opened	08/10/2006 4:05:34
PM		

watts-con.com dan.vasilash (dan.vasilash@watts-con.com)

Post Office	Delivered	Route
ARL_PO.ARL_DO	08/10/2006 4:05:24 PM	nrc.gov
	Pending	watts-con.com

Files	Size	Date & Time
MESSAGE	1556	08/10/2006 4:05:24 PM
Appendix F Change of Ownership.pdf	145501	10/14/2005 4:09:36
PM		

Options

Auto Delete:	No
Expiration Date:	None
Notify Recipients:	Yes
Priority:	Standard
ReplyRequested:	No
Return Notification:	None

Concealed Subject:	No
Security:	Standard

To Be Delivered:	Immediate
Status Tracking:	Delivered & Opened

Honolulu, HI

WATTS
CONSTRUCTORS

A Weitz Company

Honolulu Office:
735 Bishop Street, Ste 230
Honolulu, HI 96813
Tel: (808) 543-5201 Fax: (808) 543-5208

FAX**To: Mr. Roberto Torres****From: Dan Vasilash, RSO****Fax: 817-860-8188****Pages: 4****Phone: 817-860-8189****Date: 8/16/2006****Re: Change of Ownership**☐ Urgent☒ For Review☐ Please Comment☐ Please Reply☐ Please

Recycle

● **Comments:**

Mr. Torres,

I apologize for the delayed response. I have been out of phone and email contact due to being in a remote location.

I have included the requested Appendix F and current Leak Test results for our moisture density gauge.

Thank you for your help.

Best regards,

Dan Vasilash

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

Source: NUREG-1556, Volume 15

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:

Stock Purchase

B. ☐ No name change

☒ New name of licensed organization: Watts Constructors, LLC

C. ☐ No change in contact

☒ New contact: Daniel Vasilash

☒ New telephone number: (808) 543-5201

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) - include training, experience and responsibilities:

Daniel Vasilash, RSO

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

☒ Organization: Inc. to LLC ☐ Equipment:

☐ Location: ☐ Procedures:

☐ Facility: ☐ Not applicable

-2-

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:

Leak test certificate attached dated 04/06/06.

- 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.

Watts Constructors, LLC will abide by all constraints, conditions,
(transferee company)
requirements and commitments of Miller/Watts Constructors, Inc.
(transferor company)


Signature/Title Dennis N. Watts, CEO
Transferee Official

08/16/06
date


Signature/Title Dennis N. Watts, CEO
Transferor Official

08/16/06
date

OR

☐ Description of proposed licensed program from transferee attached (with signature)

OR

☐ Not applicable (name change only)


Certifying Officer - Signature

Dennis N. Watts, CEO

Certifying Officer - Typed name and title

August 16, 2006

Date

**Gamma Corporation**

850 West Hind Drive #214, Honolulu, HI 96821

Phone (808) 373-7009

FAX (808) 373-7017

Leak Test Certificate

Facility: Miller Watts Construction

Number: 955

Department:

Fac ID: MWC

Address: 3375 Koapaka St., Suite B206

Honolulu

HI

96819

Wipe Date: April 05, 2006

Analysis Date: April 06, 2006

The following sources were leak tested according to the procedures described in NRC License No. 53-23207-01.

All sources used for calibration are traceable to NIST.

Isotope	Model Number	Serial Number	Activity (MBq)	Results (Bq)
Am-241	CPN MC-3	M340907585	1850	<2
Cs-137	CPN MC-3	M340907585	370	<4

This report must be on file for review by the NRC or state regulatory authorities.

Performed by:

Radiation Safety Officer:

8-17-06
DATE

This is to acknowledge the receipt of your letter/application dated 8-3-06, and to inform you that the initial processing, which includes an acceptance 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 in 90 days.

☐ A copy of your action has been forwarded to the NRC Office of the Chief Financial Officer, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 471074.
When you call to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Murashan
Licensing Assistant

(FOR LEMS USE)
INFORMATION FROM LTS

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.....
Program Code: 03121
Status Code: 0
Fee Category: 3P
Exp. Date: 20141231
Fee Comments:
Decom Fin Assur Reqd: N
.....

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Decom Fin Assur Regd: N

Decom Fin Assur Regd: N

- MILLER/WATTS CONSTRUCTORS INC

20060807
3036711

471074
53-27792-01
Amendment

-

- Signed Colleen M. Anderson
Date 8-9-06

11)

- Table 1** Demographic characteristics of study population

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-

- [illegible]

CERTIFIED MAIL™



7006 0100 0006 8273 0174



HONOLULU HI 968
04 AUG 2006 PM 2 T

MAIL FROM ZIP CODE

WATTS
CONSTRUCTORS

735 Bishop Street, Suite 230
Honolulu, HI 96813
Tel: (808) 543-5201 Fax: (808) 543-5208

Nuclear Regulatory Commission
Mr. Anthony D. Gaines
Sr. Health Physicist
Nuclear Materials Licensing Branch
611 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

76011+4003