

June 24, 1977

Distribution:  
FCPF  
NMSS  
✓ Docket 40-3453  
PDR  
SHO  
IE HQ-2  
JCatania  
BBrooks  
ACabell  
JPartlow  
SDuncan  
LCRouse  
JBMartin  
RAScarano  
FLomax  
*L. Beratan*

FCPF:RAS  
40-3453  
SUA-917, Amendment No. 4

Atlas Minerals  
ATTN: William P. Ladger  
General Superintendent  
P. O. Box 1207  
Moab, Utah 84532

Gentlemen:

Pursuant to Title 10, Code of Federal Regulations, Part 40, Source Material License No. SUA-917 is hereby amended to authorize the operation of the tailings disposal impoundment area in accordance with the statements, representations and conditions specified in your application and enclosure of June 24, 1977.

All other conditions of this license shall remain the same.

As a result of discussion with Atlas Minerals Division Management in our office June 24, 1977, Atlas Minerals is committed to providing a comprehensive review of tailings management alternatives specific to the Moab, Utah facility by July 31, 1977.

In addition, Atlas has expressed a commitment to ensure increased managerial attention to NRC license conditions and regulations to establish an improved compliance posture.

9612200372 770624  
PDR ADOCK 04003453  
C PDR

OFFICE ➤

SURNAME ➤

DATE ➤

With the issuance of this amendment to Source Material License No. SUA-917, you are authorized to resume operations with the understanding that a minimum freeboard of 6 feet presently exists and will be maintained in the tailings retention system.

FOR THE NUCLEAR REGULATORY COMMISSION

Original Signed by  
Leland C. Rouse

Leland C. Rouse, Chief  
Fuel Processing & Fabrication Branch  
Division of Fuel Cycle and  
Material Safety

OFFICE	FCPF	FCPF	FCPF			
SURNAME	RAScarano:mb	FLoma	LCRouse			
DATE	6/24/77	6/24/77	6/24/77			

## MATERIALS DATA INPUT S/SNM

1 - FILE COPY

## A. TYPE OF ACTION AND IDENTIFICATION CODES

<input type="checkbox"/> NEW LICENSE	<input type="checkbox"/> AMENDMENT TO RENEW LICENSE	<input type="checkbox"/> AMENDMENT TO TERMINATE	<input type="checkbox"/> VOID	POCKET NUMBER <b>040-03453</b>	MAIL CONTROL NUMBER <b>07031</b>	CHANGE NAME/ ADDRESS <input type="checkbox"/>
<input type="checkbox"/> NEW LICENSE AND NEW LICENSEE	<input checked="" type="checkbox"/> OTHER AMENDMENT	<input type="checkbox"/> CLERICAL CHANGE NO AMENDMENT				

## B. INDICATIVE INFORMATION:

INDIVIDUAL LICENSEE	NAME (LAST, FIRST, MIDDLE)		NAME (LAST, FIRST, MIDDLE)			
	NAME (LAST, FIRST, MIDDLE)		NAME (LAST, FIRST, MIDDLE)			
	NAME (LAST, FIRST, MIDDLE)		NAME (LAST, FIRST, MIDDLE)			
ORGANIZATION NAME (ALPHABETIC SEQUENCE)	<b>Atlas Minerals</b>					
	DEPARTMENT OR BUREAU					
ADDRESS	BUILDING, STREET		CITY <b>Moab</b>	STATE <b>UT</b>	ZIP CODE <b>84532</b>	
	TYPE OF APPLICANT <input type="checkbox"/> U.S. GOVERNMENT AGENCY <input type="checkbox"/> INDIVIDUAL LICENSEE <input checked="" type="checkbox"/> ORGANIZATIONAL LICENSEE		DATE REQUEST RECEIVED <b>06-24-77</b>	INSTITUTION CODE <b>05857</b>	PENDING PROG. CODE ACTUAL PROG. CODE	
SECONDARY PROGRAM CODES AS REQUIRED:						
#1		#2		#3	#4	#5
LICENSE NUMBER <b>SUA-917</b>		DATE LICENSE ISSUED OR ACTION COMPLETED <b>6/24/77</b>		EXPIRATION DATE		

## C. STATISTICAL INFORMATION:

MEDICAL CATEGORY:					
<input type="checkbox"/> FOR HUMAN USE ONLY	<input type="checkbox"/> FOR HUMAN AND NONHUMAN USE	<input type="checkbox"/> FOR NONHUMAN USE ONLY			
POSSESSION OF THE MATERIAL IS AUTHORIZED IN ONE OF THE FOLLOWING AREAS:					
<input type="checkbox"/> SAME AS "STATE" IN ADDRESS	<input type="checkbox"/> ALL STATES	<input type="checkbox"/> ALL NON-AGREEMENT STATES			
AND/OR IN THE STATE(S), TERRITORY(S), COUNTRY CHECKED BELOW:					
ALABAMA -AL	GEORGIA -GA	MARYLAND -MD	NEW JERSEY -NJ	SOUTH CAROLINA -SC	WYOMING -WY
ALASKA -AK	HAWAII -HI	MASSACHUSETTS -MA	NEW MEXICO -NM	SOUTH DAKOTA -SD	
ARIZONA -AZ	IDAHO -ID	MICHIGAN -MI	NEW YORK -NY	TENNESSEE -TN	AMERICAN SAMOA -AS
ARKANSAS -AR	ILLINOIS -IL	MINNESOTA -MN	NORTH CAROLINA -NC	TEXAS -TX	CANAL ZONE -CZ
CALIFORNIA -CA	INDIANA -IN	MISSISSIPPI -MS	NORTH DAKOTA -ND	UTAH -UT	GUAM -GU
COLORADO -CO	IOWA -IA	MISSOURI -MO	OHIO -OH	VERMONT -VT	PUERTO RICO -PR
CONNECTICUT -CT	KANSAS -KS	MONTANA -MT	OKLAHOMA -OK	VIRGINIA -VA	VIRGIN ISLANDS -VI
DELAWARE -DE	KENTUCKY -KY	NEBRASKA -NB	OREGON -OR	WASHINGTON -WA	
WASHINGTON DC -DC	LOUISIANA -LA	NEVADA -NV	PENNSYLVANIA -PA	WEST VIRGINIA -WV	CANADA -CN
FLORIDA -FL	MAINE -ME	NEW HAMPSHIRE -NH	RHODE ISLAND -RI	WISCONSIN -WI	

## D. POSSESSION LIMITS OF SOURCE AND SPECIAL NUCLEAR MATERIALS AND TRITIUM

SOURCE MATERIAL CEILING		<input type="checkbox"/> GRAMS	SNM CEILING		<input type="checkbox"/> GRAMS	<input type="checkbox"/> "X" HERE IF FOR POWER REACTOR			
		<input type="checkbox"/> KILOGRAMS			<input type="checkbox"/> KILOGRAMS				
MAT	AMOUNT	UNIT	CONFIG	ENRICH	MAT	AMOUNT	UNIT	CONFIG	ENRICH
U5		<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS				<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS	
U3		<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS				<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS	
PU		<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS				<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS	
UR		<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS				<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS	
TH		<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS				<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS	
		<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS				<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS	
		<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS				<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS	
H3		<input type="checkbox"/> CURIES <input type="checkbox"/> MILLICURIES	<input type="checkbox"/> MICROCURIES	RIS CODES					

U5=U235, U3=U233, PU=PLUTONIUM, UR=URANIUM, TH=THORIUM, H3=TRITIUM, G=GRAMS,  
K=KILOGRAMS, S=SEALED, UNS=UNSEALED

## MATERIAL DATA INPUT S/SNM

1 - FILE COPY

## TYPE OF ACTION AND IDENTIFICATION CODES

<input type="checkbox"/> NEW LICENSE	<input type="checkbox"/> AMENDMENT TO RENEW LICENSE	<input type="checkbox"/> AMENDMENT TO TERMINATE	<input type="checkbox"/> VOID	DOCKET NUMBER <b>040-03453</b>	MAIL CONTROL NUMBER <b>01571</b>	CHANGE NAME/ ADDRESS <input type="checkbox"/>
<input type="checkbox"/> NEW LICENSE AND NEW LICENSEE	<input checked="" type="checkbox"/> OTHER AMENDMENT	<input type="checkbox"/> CLERICAL CHANGE NO AMENDMENT				

## B. INDICATIVE INFORMATION.

INDIVIDUAL LICENSEE	NAME (LAST, FIRST, MIDDLE)	NAME (LAST, FIRST, MIDDLE)
	NAME (LAST, FIRST, MIDDLE)	NAME (LAST, FIRST, MIDDLE)
	NAME (LAST, FIRST, MIDDLE)	NAME (LAST, FIRST, MIDDLE)
ORGANIZATION NAME (ALPHABETIC SEQUENCE) <b>Atlas Minerals</b>		
DEPARTMENT OR BUREAU		
BUILDING, STREET		CITY <b>Moab</b>
		STATE <b>UT</b>
		ZIP CODE <b>84532</b>
TYPE OF APPLICANT <input type="checkbox"/> U.S. GOVERNMENT AGENCY <input type="checkbox"/> INDIVIDUAL LICENSEE <input checked="" type="checkbox"/> ORGANIZATIONAL LICENSEE	DATE REQUEST RECEIVED <b>09-16-76</b>	INSTITUTION CODE <b>05857</b>
SECONDARY PROGRAM CODES AS REQUIRED:		PENDING PROG. CODE
#1	#2	#3
#4	#5	
LICENSE NUMBER <b>SUA-917</b>	DATE LICENSE ISSUED OR ACTION COMPLETED <b>04/13/77</b>	EXPIRATION DATE

## C. STATISTICAL INFORMATION:

MEDICAL CATEGORY:		
<input type="checkbox"/> FOR HUMAN USE ONLY	<input type="checkbox"/> FOR HUMAN AND NONHUMAN USE	<input type="checkbox"/> FOR NONHUMAN USE ONLY
POSSESSION OF THE MATERIAL IS AUTHORIZED IN ONE OF THE FOLLOWING AREAS.		
<input type="checkbox"/> SAME AS "STATE" IN ADDRESS	<input type="checkbox"/> ALL STATES	<input type="checkbox"/> ALL NON-AGREEMENT STATES
AND/OR IN THE STATE(S), TERRITORY(S), COUNTRY CHECKED BELOW:		
ALABAMA -AL	GEORGIA -GA	MARYLAND -MD
ALASKA -AK	HAWAII -HI	MASSACHUSETTS -MA
ARIZONA -AZ	IDAHO -ID	MICHIGAN -MI
ARKANSAS -AR	ILLINOIS -IL	MINNESOTA -MN
CALIFORNIA -CA	INDIANA -IN	MISSISSIPPI -MS
COLORADO -CO	IOWA -IA	MISSOURI -MO
CONNECTICUT -CT	KANSAS -KS	MONTANA -MT
DELAWARE -DE	KENTUCKY -KY	NEBRASKA -NB
WASHINGTON DC -DC	LOUISIANA -LA	NEVADA -NV
FLORIDA -FL	MAINE -ME	NEW HAMPSHIRE -NH
		RHODE ISLAND -RI
		NEW JERSEY -NJ
		NEW MEXICO -NM
		NEW YORK -NY
		NORTH CAROLINA -NC
		NORTH DAKOTA -ND
		OHIO -OH
		OKLAHOMA -OK
		OREGON -OR
		PENNSYLVANIA -PA
		RHODE ISLAND -RI
		SOUTH CAROLINA -SC
		SOUTH DAKOTA -SD
		TENNESSEE -TN
		TEXAS -TX
		UTAH -UT
		VERMONT -VT
		VIRGINIA -VA
		WASHINGTON -WA
		WEST VIRGINIA -WV
		WISCONSIN -WI
		WYOMING -WY
		AMERICAN SAMOA -AS
		CANAL ZONE -CZ
		GUAM -GU
		PUERTO RICO -PR
		VIRGIN ISLANDS -VI
		CANADA

## D. POSSESSION LIMITS OF SOURCE AND SPECIAL NUCLEAR MATERIALS AND TRITIUM

SOURCE MATERIAL CEILING			SNM CEILING			"X" HERE IF FOR POWER REACTOR		
<input type="checkbox"/> GRAMS			<input type="checkbox"/> GRAMS			<input type="checkbox"/> GRAMS		
<input type="checkbox"/> KILOGRAMS			<input type="checkbox"/> KILOGRAMS			<input type="checkbox"/> KILOGRAMS		
MAT	AMOUNT	UNIT	CONFIG	ENRICH	MAT	AMOUNT	UNIT	CONFIG
U5		<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS				<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS
U3		<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS				<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS
PU		<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS				<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS
UR		<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS				<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS
TH		<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS				<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS
		<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS				<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS
		<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS				<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS
H3		<input type="checkbox"/> CURIES <input type="checkbox"/> MILLICURIES	<input type="checkbox"/> MICROCURIES	RIS CODES			<input type="checkbox"/> G <input type="checkbox"/> Kg	<input type="checkbox"/> S <input type="checkbox"/> UNS

U5=U235, U3=U233, PU=PLUTONIUM, UR=URANIUM, TH=THORIUM, H3=TRITIUM, G=GRAMS,  
Kg=KILOGRAMS, S=SEALED, UNS=UNSEALED

## MATERIA DATA INPUT S/SNM

#### A. TYPE OF ACTION AND IDENTIFICATION CODES

<input type="checkbox"/> NEW LICENSE	<input type="checkbox"/> AMENDMENT TO RENEW LICENSE	<input type="checkbox"/> AMENDMENT TO TERMINATE	<input type="checkbox"/> VOID	DOCKET NUMBER <b>040-03453</b>	MAIL CONTROL NUMBER <b>01571</b>	CHANGE NAME/ ADDRESS <input type="checkbox"/>
<input type="checkbox"/> NEW LICENSE AND NEW LICENSEE	<input checked="" type="checkbox"/> OTHER AMENDMENT	<input type="checkbox"/> CLERICAL CHANGE NO AMENDMENT				

**B. INDICATIVE INFORMATION:**

NAME (LAST, FIRST, MIDDLE)		NAME (LAST, FIRST, MIDDLE)	
NAME (LAST, FIRST, MIDDLE)		NAME (LAST, FIRST, MIDDLE)	
NAME (LAST, FIRST, MIDDLE)		NAME (LAST, FIRST, MIDDLE)	
ORGANIZATION NAME (ALPHABETIC SEQUENCE) <b>Atlas Minerals</b>			
DEPARTMENT OR BUREAU			
BUILDING, STREET		CITY	STATE
ADDRESS		<b>Moab</b>	<b>UT</b>
ZIP CODE		<b>84532</b>	
TYPE OF APPLICANT	<input type="checkbox"/> U.S. GOVERNMENT AGENCY <input type="checkbox"/> INDIVIDUAL LICENSEE <input checked="" type="checkbox"/> ORGANIZATIONAL LICENSEE	DATE REQUEST RECEIVED <b>09-16-76</b>	INSTITUTION CODE <b>05857</b>
PENDING PROG. CODE		ACTUAL PROG. CODE	
SECONDARY PROGRAM CODES AS REQUIRED:			
#1	#2	#3	#4
LICENSE NUMBER <b>SUA-917</b>		DATE LICENSE ISSUED OR ACTION COMPLETED	EXPIRATION DATE
APPLICANT'S COMMUNICATION DATED <b>Sept. 13, 1976</b>		CLASSIFICATION <b>U</b>	ASSIGNED TO
RESULTING AMD. NO.			
ENCLOSURES: <b>Ltr. dated X Aug. 16, 1976 and Aug. 25, 1976 (2 cys)</b>			
UNCLASSIFIED DESCRIPTION: <b>Req. for extension of NPDES UT-0000060</b>			
DISTRIBUTION: <b>reg file cy</b> <b>PDR</b> <b>LPDR</b> <b>IE (2)</b> <b>eww</b> <i>Scaramo</i>			
<i>Scaramo stated today (4/13/77) that this has been completed</i>			
OTHER REFERRALS			
NAME	DATE	NAME	DATE
<b>Rouse</b> <b>1 extra</b>  <b>esb</b>	<b>10-12-76</b>		