

**NUCLEAR REGULATORY COMMISSION  
NOTIFICATION OF UPCOMING MEETINGS IN THE HIGH-LEVEL  
WASTE PRE-LICENSING PROGRAM**

**Agency:** Nuclear Regulatory Commission

**Action:** Weekly Notification of upcoming meetings in the High-Level Waste Pre-Licensing Program to become Bi-weekly Notification

**Summary:** On August 27, 1984, the Nuclear Regulatory Commission published a Federal Register Notice (49 FR 33946) regarding the sending out of a weekly notice of upcoming meetings in the high-level waste pre-licensing program. In keeping with the Agency's Task Force on Paper Reduction and the Reduction in Paper Act of 1980, this mailing will now be sent on a bi-weekly basis.

**For further information contact:** Anne Garcia, Division of High-Level Waste Management, Office of Nuclear Material Safety and Safeguards, Nuclear Regulatory Commission, Washington, DC 20555, Telephone (301) 504-2438

Dates at Rockville, Maryland this 29 day of January, 1993.

For the Nuclear Regulatory Commission

*B. J. Youngblood*  
B. J. Youngblood, Director  
Division of High-Level Waste Management  
Office of Nuclear Material Safety  
and Safeguards

CONTACT: ALARCIA PHONE#: 504-2438 MAIL STOP: OWFN 4-H-3

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DOCUMENT NAME: ~~FR.MRT~~ ~~FR.MTG~~ FR.MTG

DOCUMENT PREPARATION CHECKLIST  
DIVISION OF HIGH-LEVEL WASTE MANAGEMENT

This checklist is to be submitted with each document sent for typing or for distribution

- 1. Is this document a final draft? Yes \_\_\_ No \_\_\_
- 2. If it is a final draft, does it have the concurrence of a Branch Chief or higher? Yes \_\_\_ No \_\_\_
- 3. Is this a ticketed item? If Yes, ticket number \_\_\_\_\_

\*\*\*\* 4. DISTRIBUTION: NOTE: DISTRIBUTION MUST MATCH CHECK OFF LIST!!!!!!!!!!!!!!

(Names on the standard distribution lists need not be listed; they will be included automatically.) [Attach labels for other than standard distribution]

ANY OTHERS?

PDR	Yes <input checked="" type="checkbox"/>	No ___	_____	_____
LPDR	Yes <input checked="" type="checkbox"/>	No ___	_____	_____
OWRA	Yes <input checked="" type="checkbox"/>	No ___	_____	_____
ILS	Yes <input checked="" type="checkbox"/>	No ___	_____	_____
ACW	Yes <input checked="" type="checkbox"/>	No ___	_____	_____
Proprietary	Yes ___	No <input checked="" type="checkbox"/>	_____	_____
PreDecisional	Yes ___	No <input checked="" type="checkbox"/>	_____	_____

5. CC's \_\_\_\_\_

6. CONCURRENCES:  
Please list the names of all individuals who should be on concurrence:  
ALARCIA, Holovich, Skinehan, Youngblood

7. Date Originated: \_\_\_\_\_ Date Due or Needed \_\_\_\_\_

8. Task Assigned to: \_\_\_\_\_ Date Completed and sent to 4-C-16 1/28/93

REQUIRED ONLY FOR ILS DOCUMENTS

9. Date DID'ed to INRC02/IRMITLSS [NOTE: send only if ILS box is marked Yes above] \_\_\_\_\_

10. TLSS: Returned by \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_