

REQUEST FOR TECHNICAL ASSISTANCE (RFTA)

INSPECTOR'S NAME Mark R. Bouwers TELEPHONE # 610-337-6910

FACILITY NAME AND LOCATION Curtiss Wright Facility, Duhanoy, PA

DOCKET 070-00106 DATE OF REQUEST 6-10-94 RFTA # \_\_\_\_\_  
(LEAVE BLANK)

FEE OR NON-FEE RECOVERABLE Non-Fee

PROVIDE APPLICATION DATE (FROM LICENSEE) NA

PLEASE CHECK NEW LICENSE  AMENDMENT  RENEWAL  ORUL Identified Sites Program

DESCRIPTION OF WORK TO BE PERFORMED (INCLUDING SCHEDULE) (USE SEPARATE SHEET IF NEEDED)

1. Prepare survey Plan and cost estimate (Summer 94')
2. Conduct survey and provide written report (Summer 94' / ~45 days after completion of survey)

FOR CONFIRMATORY SURVEY REQUESTS, PLEASE ANSWER THE FOLLOWING:

1. HAS PRELIMINARY INFORMATION BEEN RECEIVED FROM LICENSEE? YES  NO  NA
- 1A. HAS THIS INFORMATION BEEN REVIEWED BY NRC AND IS IT ACCEPTABLE? YES  NO

(NOTE: ORAU SHOULD BE PROVIDED 30 CALENDAR DAYS TO REVIEW INFORMATION AND PREPARE FOR SURVEY).

2. IS A PRELIMINARY SITE VISIT NEEDED? YES WHEN? Summer 94' - Contact inspector to arrange
3. DATE SURVEY PLAN NEEDED Summer 94'
4. DATE SURVEY NEEDED Summer 94'

AUTHORIZATION

Mark R. Bouwers 6-10-94 6-10-94 Mark R. Bouwers 6/10/94  
 INSPECTOR DATE DATE BRANCH CHIEF DATE

EMERGENCY AUTHORIZATION (SEE INSPECTION CHAPTER 0312 FOR DEFINITION OF ACCEPTABLE EMERGENCY REQUESTS). EXPLAIN, ON SEPARATE SHEET, THE JUSTIFICATION FOR THE EMERGENCY REQUEST. \*NOTE THAT THE REQUEST CANNOT BE PROCESSED WITHOUT THIS JUSTIFICATION.

DIVISION \_\_\_\_\_ DATE \_\_\_\_\_

APPROVAL

HQ TAPM \_\_\_\_\_ DATE \_\_\_\_\_ HQ TM \_\_\_\_\_ DATE \_\_\_\_\_

B-153