



UNITED STATES  
NUCLEAR REGULATORY COMMISSION

REGION IV

611 RYAN PLAZA DRIVE, SUITE 400  
ARLINGTON, TEXAS 76011-8064

January 20, 1998

7c  
]   
SUBJECT: Allegation No. RIV-1997-A-0193

7c Dear [ ]

This is in reference to the July 31, 1997, letter from the NRC Office of Nuclear Material Safety and Safeguards (NMSS) which documented receipt of your concerns about activities at the United Nuclear Corporation - Church Rock facility.

Your concerns are being reviewed by the NRC. When we have completed our review of these issues, we will notify you of our findings, actions and the final resolution of your concerns. However, if you have any questions during the interim please call me toll-free at the NRC Safety Hotline at 1-800-695-7403, or at the Region IV Office toll-free number 1-800-952-9677.

Sincerely,

*Russell Wise*  
Russell Wise

Senior Allegations Coordinator

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Information in this record was deleted  
in accordance with the Freedom of Information  
Act, exemptions 7c  
FOIA- 2005-0300

Portions withheld - Ex 7c

C/5

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

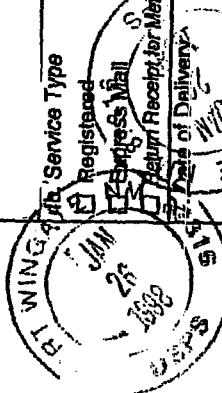
- 1. ☒ Addressee's Address
  - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number

4b. Service Type

1/21



- ☒ Certified
- ☐ Insured
- ☐ COD

4-97-A-0193

5. Received By: (Print Name)

6. Addressee's Address (Only if requested and fee is paid)



PS Form 3800, April 1995 PSN 7530-01-000-9048 Domestic Return Receipt

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent in	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.92</b>
Postmark or Date	
1 pg	
4-97-A-0193	

PS Form 3800, April 1995