

ACCEPTANCE REVIEW MEMO (ARM)

Licensee:	Chemical Lime Company	License No.: 11-27434-01
Docket No.:	030-32760	Mail Control No.: 471412
Type of Action:	Amend	Date of Requested Action: 06-18-07
Reviewer Assigned:	Rachel Browder	ARM reviewer(s): Torres

Response	Deficiencies Noted During Acceptance Review
	<input type="checkbox"/> Open ended possession limits. Limit possession. Submit inventory. <input type="checkbox"/> Submit copies of most recent leak test results. <input type="checkbox"/> Add - delete IC license condition. Add IC paragraph in cover letter. <input type="checkbox"/> Split license from cover letter. Add SUNSI marking to license. <input type="checkbox"/> Ask the licensee if they have any type-amount of EPAct Material.
	Provide training certificate for Mr. Bailey.

Reviewer's Initials: _____	Date: _____
<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:	
_____	RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
_____	Exact location of RAM (whether = or > than Category 3 or not)
_____	Design of structure and/or equipment (site specific)
_____	Information on nearby facilities
_____	Detailed design drawings and/or performance information
_____	Emergency planning and/or fire protection systems
Specific guidance for medical, industrial and academic (above Category 3):	
_____	RAM quantities and inventory
_____	Manufacturer's name and model number of sealed sources & devices
_____	Site drawings with exact location of RAM, description of facility
_____	RAM security program information (locks, alarms, etc.)
_____	Emergency Plan specifics (routes to/from RAM, response to security events)
_____	Vulnerability/security assessment/accident-safety analysis/risk assess
_____	Mailing lists related to security response
Branch Chief's and/or Sr. HP's Initials: <u>BTC</u>	Date: JUN 28 2007

Pre-Licensing Screening

Applicant Information:

Control No. 471412

Name: Chemical Lime Company	Type of Request: Amend Program Code(s):
Location: ID	License No.: 11-27434-01 Docket No.: 030-32760

STEP 1—Radioactive Materials and Quantities Requested:

Instructions for Step 1: Complete Step 1 for all applications. If all your responses in Step 1 are "No" then do not complete Step 2 (Screening Criteria). Sign and date the completed step-sheet and add it as the sensitive and non-publicly available OAR in ADAMS. If a "yes" response is indicated for any item in Step 1, also complete Step 2. If the type of use is subject to a Security Order or the requirements for increased controls, complete Step 3 (Item A or Item B) without delay.		Yes or No
A.	The request is from a new applicant.	No
B.	NUREG-1556, Volume 20, Section 4.9 indicates a licensing site visit is needed for the requested type of use, e.g., (1) Type A broad scope license, (2) panoramic irradiator containing > 10000 curies, (3) manufacturers or distributors using unsealed radioactive material or significant quantities of sealed material, (4) radioactive waste brokers, (5) radioactive waste incinerators, (6) commercial nuclear laundries, and (7) any other application that in the judgement of the reviewer and cognizant supervisor involves complex technical issues, complex safety questions, or unprecedented issues that warrant a site visit.	No
C.	The applicant requested certain radionuclides and quantities that equal or exceed the Risk Significant Quantity (TBq) values in the table, below, that have been "highlighted" by the reviewer	No

Table of Risk Significant Quantities

(Category 2 Quantities, IAEA Safety Guide No. RS-G-1.9, Categorization of Radioactive Sources, August 2005)

Radionuclide	Risk Significant Quantity (TBq ¹)	Risk Significant Quantity (Ci ¹)	Radionuclide	Risk Significant Quantity (TBq ¹)	Risk Significant Quantity (Ci ¹)
Am-241	0.6	16	Pm-147	400	11,000
Am-241/Be	0.6	16	Pu-238	0.6	16
Cf-252	0.2	5.4	Pu-239/Be	0.6	16
Cm-244	0.5	14	Ra-226 ²	0.4	11
Co-60	0.3	8.1	Se-75	2	54
Cs-137	1	27	Sr-90 (Y-90)	10	270
Gd-153	10	270	Tm-170	200	5,400
Ir-192	0.8	22	Yb-169	3	81

¹ The primary values are TBq. The curie (Ci) values are for informational purposes only.
² The Atomic Energy Act, as amended by the Energy Policy Act of 2005, authorizes NRC to regulate Ra-226 and NRC is in the process of amending its regulations for discrete sources of Ra-226.

Calculations of the Total Activity or the Unity Rule are attached to document whether or not the screening criteria in Step 2 were also completed to evaluate the application. NOTE—If an amendment of an existing license is being requested, the calculations will include the previously authorized quantities for the radionuclide(s).	Yes, No, or Not Applicable (NA)
Total Activity—multiple activities are requested for a single radionuclide and the sum of the activities equals or exceeds the quantity of concern for the radionuclide	—
Unity Rule—multiple radionuclides are requested and the sum of the ratios equals or exceeds unity, e.g., [(total activity for radionuclide A) + (risk significant quantity for radionuclide A)] + [(total activity for radionuclide B) + (risk significant quantity for radionuclide B)] ≥ 1.0.	—

Signature and Date for Step 1:


 License Reviewer and Date

JUN 28 2007



RECEIVED
JUN 25 2007
DNMS

June 18, 2007

US NRC Region IV
Texas Health Resources Tower
611 Ryan Plaza, Suite 400
Arlington, TX 76011-4005

Dear Madame/Sir,

This is a request to make an amendment to Material License #11-27434-01.

Material License #11-27434-01 is currently in active status. Chemical Lime Company would like to amend the license to a standby-no operations status as we are idling the facility.

We will also need to remove K. Dean Bailey as the Radiation Safety Officer (RSO) as he is no longer employed with the company. The newly appointed RSO will be Allen Stuart.

Sincerely,

Roger Fawcett
Tenmile Plant Manager
Chemical Lime Company

Chemical Lime Company of Arizona
Tenmile Operations
P.O. Box 88, Bancroft, Idaho 83217
1880 Tenmile Pass Road, Bancroft, Idaho 83217
Phone: (208) 648-7385 Fax: (208) 648-7387

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JUN 28 2007

This is to acknowledge the receipt of your letter/application dated 06-18-07, and to inform you that the initial processing, which includes an administrative review, has been performed.

DATE

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 within 90 days.

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 471412.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,



Licensing Assistant

(FOR LFMS USE)
INFORMATION FROM LTS

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Program Code: 03120
Status Code: 0
Fee Category: 3P
Exp. Date: 20120630

Fee Comments:
Decom Fin Assur Reqd: N
.....

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED CHEMICAL LIME COMPANY
Applicant/Licensee: 20070625
Received Date: 3032760
Docket No: 471412
Control No.: 11-27434-01
License No.: Amendment
Action Type:

2. FEE ATTACHED
Amount: _____
Check No.: _____

3. COMMENTS
Signed Alvin Madden
Date _____

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /_/_)

- 1. Fee Category and Amount: _____
- 2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____
- 3. OTHER _____

Signed _____
Date _____

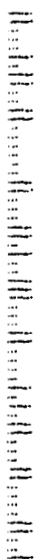


P.O. Box 88
Bancroft, Idaho 83217

11-27434-21
C3C-3276C

US NRC Region IV
Texas Health Resources Tower
611 Ryan Plaza, Suite 400
Arlington, TX 76011-4005

76011-4005



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