August 12, 2009



Consulting Engineers & Scientists

Roberto J. Torres Senior Health Physicist U.S. Nuclear Regulatory Commission - Region IV Division of Nuclear Materials Safety Nuclear Materials Safety Branch B 612 East Lamar Boulevard, Suite 400 Arlington, Texas 76011-4125

Terracon Consultants, Inc. Corporate Headquarters 18001 West 106th Street, Suite 300 Olathe, Kansas 66061 Phone 913.599.6886 Fax 913.599.0574 www.terracon.com

RE: Notification of Change in Local Radiation Safety Officer License No. 15-27070-01

Dear Mr. Torres:

Terracon hereby advises the NRC of a change in the Local Radiation Safety Officer for the following facility:

Terracon Consultants, Inc. 1250 SE Century Drive Lee's Summit, MO 64081

Ms. Allison Knowles has left Terracon's employment. She has been replaced by Mr. Carl Creamer who had previously served as Local RSO for the Lee's Summit, MO facility. Mr. Creamer meets the criteria established for Local RSO in NUREG 1556, Vol 1., Rev. 1.

As Local RSOs are not specifically listed on License No. 15-27070-01, we consider this a notification and not an official license amendment. If you have any questions, please contact the undersigned at your earliest opportunity.

Sincerely,

Nerracon

Gary K. Bradley, CSP, OHMM Corporate Safety and Health Director/ Corporate Radiation Safety Officer

Murnahan, Colleen

From:Torres, RobertoJSent:Wednesday, August 12, 2009 9:10 AMTo:Murnahan, ColleenSubject:Notification of Change in Local RSO -- Lee's Summit, MO (15-27070-01, 030-32176)Attachments:nrc_notification_08_09.pdf

Colleen:

Please send the attached letter to scanning and then place in the inspector's portion of the docket file (15-27070-01, 030-32176). Thank you.

Roberto

From: Bradley, Gary K. [mailto:gkbradley@terracon.com]
Sent: Wednesday, August 12, 2009 8:56 AM
To: Torres, RobertoJ
Subject: Notification of Change in Local RSO -- Lee's Summit, MO

Please see attached notice. We do not believe this constitutes an actual amendment request as individual local RSO's are not listed on 15-27070-01, but we wanted you to know of the change in local responsibility, in case you come knocking on the door. Thank you. Let me know if you need anything else from us on this.

GK Bradley

<<nrc_notification_08_09.pdf>>

Gary K. Bradley, CSP, CHMM Principal I Corporate Safety & Health Director Terracon 18001 W. 106th Street, Suite 300 I Olathe, Kansas 66061 P 913.599.6886 x 353 I F 913.599.4732 gkbradley@terracon.com I www.terracon.com

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ACCEPTANCE REVIEW MEMO (ARM)

Licensee:	TERRACON CONSULTANTS	License No.: 15-27070-01
Docket No.:	030-32176	Mail Control No.: 472374
Type of Action:	Notify	Date of Requested Action: 8-12-09
Reviewer Assigned:		ARM reviewer(s): Torres

Response	Deficiencies Noted During Acceptance Review	
	 Open ended possession limits. Submit inventory. Limit possession. Submit copies of latest leak test results. Add IC L.C./Fingerprint LC, add SUNSI markings to license. Confirm with licensee if they have NARM material. Change of contact information (RSO), send request to update IC database. 	

Reviewer's Initials: _____

Branch Chief's and/or HP's Initials: Date:	
□Yes□No	TAR needed to complete action.
□Yes□No	Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
□ Yes □ No	Termination request < 90 days from date of expiration
□Yes□No	Request for unrestricted release Group 2 or >. Consult with Bravo Branch.

Date:

SUNSI Screening according to RIS 2005-31		
Yes No Sensitive and Non-Publicly Available if any item below is checked		
General guidance:		
RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule Exact location of RAM [suite #, bldg. #, location different from mailing address]		
(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 HP's Initials: AUG 17		

8-19-04 DATE

This is to acknowledge the receipt of your letter/application dated

8 - 12 - 09, and to inform you that the initial processing, which includes an administrative review, has been performed.

There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify other omissions or require \mathbf{X} additional information.

Please provide to this office within 30 days of your receipt of this card:

The action you requested is normally processed within 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 Mall Control Number $\frac{472374}{}$ When calling to inquire about this action, please refer to this mail control number. You may call me at 817-860-8103.

Sincerely,

Colleen Murahan

NRC FORM 532 (RIV) (10-2008)

Licensing Assistant

BETWEEN:	(FOR LFMS USE) INFORMATION FROM LTS
License Fee Management Branch, ARM and Regional Licensing Sections	: Program Code: 03121 : Status Code: 0 : Fee Category: 3P : Exp. Date: 20130331 : Fee Comments: : Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

- APPLICATION ATTACHED Applicant/Licensee: TERRACON CONSULTANTS, INC. Received Date: 20090812 Docket No: 3032176 Control No.: 472374 License No.: 15-27070-01 Action Type: Notifications
- 2. FEE ATTACHED Amount: Check No.:
- 3. COMMENTS

Signed Date g - 14.

- B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone O3 is entered / /)
- 1. Fee Category and Amount:
- 2. Correct Fee Paid. Application may be processed for: Amendment Renewal License
- 3. OTHER

Signed _____ Date ____