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AUG 24 2009

DNMS

August 18, 2009

U.S. Nuclear Regulatory Commission
Region IV
Nuclear Materials Licensing Branch
611 Ryan Plaza Drive
Suite 400
Arlington, TX 76011

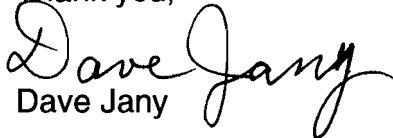
Gentlemen:

CHS Laurel Refinery at Laurel, Montana (Radioactive Materials License Number 25-14757-01) is informing the U.S. Nuclear Regulatory Commission of a change to the letter dated May 22, 2009, for a new radiation source at our Zone A Acid Regenerator. The source holder has been changed from model SHLD-1 to model SHF-1A to meet the temperature specification requirements. All of the other pertinent information remains the same:

Ohmart/VEGA Cooperation; one (1) Gamma Level Gauge, model SHF-1A, containing one (1) separate source of Cesium-137 at 7 mCi.

Should you have any questions or need additional information, please contact myself, the Refinery Radiation Safety Officer, at 406-628-5276.

Thank you,


Dave Jany

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: CHS, Inc.

License: 25-14757-01

Docket: 030-19130

Mail Control: 472400

Type of Action: Amend

Date of Requested Action: 8-18-09

Reviewer
Assigned:

ARM reviewer(s): Torres

Response	Deficiencies Noted During Acceptance Review
	<ul style="list-style-type: none">[] 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: _____

Date: _____

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

Branch Chief's and/or HP's Initials: _____

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: RTC

Date: SEP 15

This is to acknowledge the receipt of your letter/application dated 8-18-09, and to inform you that the initial processing, which includes an administrative review, has been performed.

9-15-09
DATE

☒ 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 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** 472400.
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
Licensing Assistant

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 03120
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 3P 1C
 : Exp. Date: 20130731
 : Fee Comments:
 : Decom Fin Assur Req'd: N
 :

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: CHS, INC.
Received Date: 20090824
Docket No: 3019130
Control No.: 472400
License No.: 25-14757-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed
Date

Colleen Murnahan
9-18-09

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



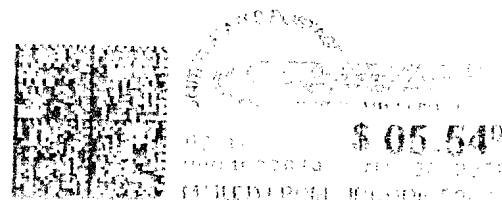
803 Highway 212
P.O. Box 909
Laurel, MT 59044-0909

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Suite 400
Arlington, TX 76011



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BY CERTIFIED MAIL

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