



UNITED STATES  
NUCLEAR REGULATORY COMMISSION

REGION IV  
612 EAST LAMAR BLVD., SUITE 400  
ARLINGTON, TEXAS 76011-4125

FACSIMILE



**Name:** Oscar Paulson  
**Organization:** Kennecott Uranium Company License Number 49-19005-01  
Docket Number 030-15192  
Control Number 574100

**Fax Number:** 307-324-4925  
**Phone:** 307-324-4924  
**From:** Jacqueline D. Cook  
**Date:** February 7, 2011  
**Subject:** Application dated November 18, 2010 for License Renewal  
**Pages:** 5 (11 with Appendix B included)

Mr. Paulson:

Per your application dated November 18, 2010, the items on the next page are deficiencies which require your response. **Please respond to this fax by Tuesday, March 15, 2011.** If you are unable to respond by this due date, please don't hesitate to contact me so we can discuss an extension to the date. Our fax number is (817) 860-8263. You may respond by email if you'd like in pdf format. My email address is [Jackie.Cook@nrc.gov](mailto:Jackie.Cook@nrc.gov). If you have any questions regarding this fax, please call me at (817) 860-8132. When responding to this fax, please include the license, docket and control numbers located at the top of this page.

Thanking you in advance for your cooperation, assistance, and prompt response in this matter.

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Jacqueline D. Cook  
Senior Health Physicist

1. Please resubmit your renewal application utilizing NUREG-1556, Vol. 4, Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Fixed Gauge Licenses, Appendix B as guidance.
2. Please note that the letterhead over letter transmitting the renewal application had the name Rio Tinto on the left hand side vertically. However, the licensed entity of License Number 49-19005-01 is Kennecott Uranium Company.

Please clarify if a change of ownership or name change has occurred for this company.

10 CFR 30.34(b) states that “no license issued or granted pursuant to the regulations...nor any right under a license shall be transferred, assigned or in any manner disposed of, either voluntarily or involuntarily, directly or indirectly, through transfer of control of any license to any person, unless the Commission shall...find that the transfer is in accordance with the provisions of the Act and shall give its consent in writing. Although not specifically addressed by 10 CFR 30.34, licensees undergoing a name change may also be affected by this regulation.

Control over licensed activities can be construed as the authority to decide when and how a license (licensed material and/or activities) will be used. A change of ownership may be an example of a change of control. The central issue is whether the authority over the license has changed. In all cases, determining whether a change of control has taken place or whether a change is in name only is the Commission’s responsibility.

Licensees must notify the Commission when they are undergoing a possible change of control and/or a change of name. While this notification is not required within a certain time frame, NRC needs adequate time to review the submittal to ensure that the transfer is in accordance with the regulations.

In order to process your request for a change of control/ownership and/or a name change, the information starting on page 3 below is required.

Information Required for Change of Control and/or Change of Ownership  
(to include a name change) Source: Appendix F of NUREG-1556, Volume 15 (Date  
Published: November 2000)

**Please provide the following information concerning changes of control (transferor and/or transferee, as appropriate). If any items are not applicable, so state.**

1. Provide a complete description of the transaction (i.e., transfer of stocks or assets, or merger). Indicate whether the name has changed and include the new name. Include the name and telephone number of a licensee contact who NRC may contact if more information is needed.

A. Description of the transaction:

B.  No name change

New name of licensed organization: \_\_\_\_\_

C.  No change in contact

New contact: \_\_\_\_\_

New telephone number: \_\_\_\_\_

2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel.

A.  No changes in personnel having control over licensed activities.

Changes in personnel having control over licensed activities (e.g. officers of a corporation):

B.  No changes in personnel named in the license.

Changes in personnel named in the license (e.g. RSO, AUs) - including training, experience and responsibilities:

3. Describe, in detail, any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.

Organization:

Equipment:

Location:

Procedures:

Facility:

Not applicable

4. Describe the status of the surveillance program (i.e., surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.

A. Description of the status of all surveillance programs:

B. Surveillance Items & Records: calibrations, leak tests, surveys, inventories, and accountability requirements will be current at the time of transfer

Yes       No (explain)

5. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.

Records transferred to:

New licensee    NRC for license termination       Not applicable

- 6. Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.

Description of proposed licensed program attached

**OR**

\_\_\_\_\_ will abide by all constraints, conditions,  
(transferee)  
 requirements and commitments of \_\_\_\_\_.  
(transferor)

\_\_\_\_\_  
 Signature/Title  
 Transferee

\_\_\_\_\_  
 Signature/Title  
 Transferor

\_\_\_\_\_  
 date

\_\_\_\_\_  
 date

**OR**

Not applicable (name change only)

\_\_\_\_\_  
 Certifying Officer - Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Certifying Officer - Typed name and title