

ARIZONA

OFFICE
OF THE
GOVERNOR
BRUCE BABBITT



OFFICE OF
ECONOMIC PLANNING AND DEVELOPMENT

Larry Landry, Director • (602) 255-5371 • General Offices of OEPAD • 4th Floor

'81 DEC 28 A9:14

OFFICE OF CLERK
DOCKETING & SERVICE
BRANCH

MEMORANDUM

TO: Applicant
FROM: Arizona State Clearinghouse
DATE: DEC 17 1981
RE: Comment After Signoff

DOCKET NUMBER PR-2, 19, 20, 21, 30,
PROPOSED RULE 40, 51, 61, 70, 73, 170
(46 FR 38081)

See 47

Enclosed is a copy of a response, concerning the attached project,
which was received by us after our Signoff to you.

A copy of the response is to be forwarded to the Federal Agency.



DSIO
51/1
Add: R. Dale Smith
90555
Joe Donoghue
1016 H
Paul Goldberg
1015 H
D. Nussbaumer
AR 2103

8112290525 811217
PDR PR
2 46FR38081
PDR

SIGNOFF

OMB Approval No. 29-R0212

FEDERAL ASSISTANCE		2. Applicant's application		a. Number		3. State application identifier		a. Number		Date		Year month day	
1. Type Of Action (Mark appropriate box) <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Notification Of Intent (Opt.) <input type="checkbox"/> Report Of Federal Action		b. Date 19		Year Month Day		AZ		81-80-0066		Assigned		19 81 10 28	
4. Legal Applicant/Recipient		a. Applicant Name		U. S. Nuclear Regulatory Comm.		b. Organization Unit		Off. of Nuclear Material Safety & Safeguards		c. Street/P.O. Box		d. City	
		d. City		Washington		e. County				f. State		D. C.	
		g. Zip Code		20555		h. Contact Person		R. Dale Smith (301) 427-4433		(Name & telephone no.)			
7. Title and description of applicant's project		Draft Environmental Impact Statement on 10 CFR Part 61 "Licensing Requirements for Land Disposal of Radioactive Waste" - NUREG-0782		5. Federal Employer Identification No.		6. Program		a. Number		7 7		19 9 9	
		This EIS analyzes requirements for the land disposal of radioactive waste and specifically, near surface disposal.						b. Title		Unknown			
		The proposed action will provide licensing procedures, performance objectives, & tech. requirements for issuance of licenses for the land (over)						Nuclear Regulatory Comm.					
10. Area of project impact (Names of cities, counties, states, etc.)		Statewide, Arizona		11. Estimated number of persons benefiting		12. Type of applicant/recipient		A-State B-Interstate C-Substate District D-County E-City F-School District G-Special Purpose District H-Community Action Agency I-Higher Educational Institution J-Indian Tribe K-Other		(Specify)		Fed. Agency	
13. Proposed Funding		a. Federal \$ 00		b. Applicant \$ 00		c. State \$ 00		d. Local \$ 00		e. Other \$ 00		f. Total \$ 00	
14. Congressional Districts Of:		a. Applicant		b. Project		15. Type of change		A-Increase Dollars B-Decrease Dollars C-Increase Duration D-Decrease Duration E-Cancellation		F-Other Specify:			
		01, 02, 03, 04		16. Project Start Date Year month day 19		17. Project Duration Months		Enter appropriate letter(s)		a			
		18. Estimated date to be submitted to federal agency 19		19. Existing federal identification number		20. Federal agency to receive request (Name, city, state, zip code)		21. Remarks added		Yes No			
22. The Applicant Certifies That		a. To the best of my knowledge and belief, data in this pre-application application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances of the recipient agency.		b. If required by OMB Circular A-95 this notification was submitted pursuant to instructions therein, to appropriate clearinghouses and all responses are attached:		c. Arizona State Clearinghouse		d. Region I, III, V, VI Clearinghouses		e. Region II, IV will be forwarded			
23. Certifying representative		a. Typed name and title		b. Signature		c. Date signed		Year month day 19					
24. Agency name		25. Application received		26. Organizational Unit		27. Administrative office		28. Federal application identification		29. Address		30. Federal grant identification	
31. Action taken		32. Funding		33. Action date		34. Starting date		35. Contact for additional information (Name and telephone numbers)		36. Ending date		37. Remarks added	
<input type="checkbox"/> a. Awarded		a. Federal \$ 00		19		19				19			
<input type="checkbox"/> b. Rejected		b. Applicant \$ 00											
<input type="checkbox"/> c. Returned for information		c. State \$ 00											
<input type="checkbox"/> d. Confirmed		d. Other \$ 00											
<input type="checkbox"/> e. Withdrawn		e. Other \$ 00											
38. Federal agency A-95 action													

State Application Identifier (SAI)

OCT 28 1991

State AZ No. 81-80-0066

TO:

Frank G. Servin, Exec. Dir.
District IV Council of Gov'ts.
1020 Fourth Ave., Suite 201
Yuma, AZ 85364

Game & Fish 6 Regions
Transportation
Energy
Health
Water
Land

FROM: Arizona State Clearinghouse
1700 West Washington Street, Room 505
Phoenix, Arizona 85007

RECEIVED
DIST. IV CCG

OCT 28 1991

7:30 PM 10/28/91

This project is referred to you for review and comment. Please evaluate as to the following questions. After completion, return THIS FORM AND ONE XERCX COPY to the Clearinghouse no later than 17 WORKING DAYS from the date noted above. Please contact the Clearinghouse at 255-5004 if you need further information or additional time for review.

☒ No comment on this project ☐ Proposal is supported as written ☐ Comments as indicated below

1. Is project consistent with your agency goals and objectives? ☐ Yes ☐ No ☐ Not Relative to this agency
2. Does project contribute to statewide and/or areawide goals and objectives of which you are familiar? ☐ Yes ☐ No
3. Is there overlap or duplication with other state agency or local responsibilities and/or goals and objectives? ☐ Yes ☐ No
4. Will project have an adverse effect on existing programs with your agency or within project impact area? ☐ Yes ☐ No
5. Does project violate any rules or regulations of your agency? ☐ Yes ☐ No
6. Does project adequately address the intended effects on target population? ☐ Yes ☐ No
7. Is project in accord with existing applicable laws, rules or regulations with which you are familiar? ☐ Yes ☐ No

Additional Comments (Use back of sheet, if necessary):

Reviewers Signature

[Handwritten Signature]

Date

12-15-91

Title

[Handwritten Title]

Telephone

[Handwritten Telephone Number]