



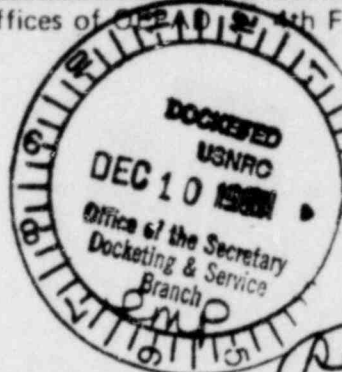
OFFICE OF
ECONOMIC PLANNING AND DEVELOPMENT

OFFICE
OF THE
GOVERNOR
BRUCE BABBITT

Larry Landry, Director • (602) 255-5371 • General Offices of ~~520~~ 4th Floor

MEMORANDUM

TO: Applicant
FROM: Arizona State Clearinghouse
DATE: DEC 02 1981
RE: Comment After Signoff

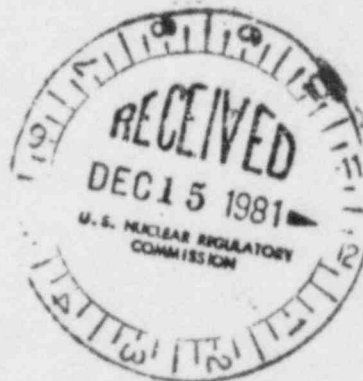


Rec
47

DOCKET NUMBER
PROPOSED RULE PR-2 etal
(46 FR 38081)

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
5/11
Add: R. Dale Smith
Joe Donoghue
Paul Goldberg
D. Nussbaumer

Acknowledged by card 12/15/81 emp

8112170077 811202
PDR PR PDR
2 46FR38081

FEDERAL ASSISTANCE

1. Type Of Action (Mark appropriate box)
Preapplication
Application
Notification Of Intent (Opt.)
Report Of Federal Action

2. Applicant's application
a. Number
b. Date 19 Year Month Day
Leave Blank OCT 19 1981

3. State application identifier
a. Number AZ 81-60-0038
b. Date 19 Year month day
Assigned 19 SEP 09 1981

Peta Leija - Leija

4. Legal Applicant/Recipient
a. Applicant Name : U.S. Nuclear Regulatory Comm.
b. Organization Unit : Low-Level Waste Licensing Branch
c. Street/P.O. Box
d. City : Washington
e. County :
f. State : D.C.
g. Zip Code : 20555
h. Contact Person : R. Dale Smith, Chief
(Name & telephone no.)

5. Federal Employer Identification No.
6. Program (From Federal Catalog)
a. Number 77-999
b. Title Unknown
U.S. Nuclear Regulatory Comm.

7. Title and description of applicant's project Proposed Rulemaking on Land Disposal of Low-Level Radioactive Waste
This notice invites public comment on proposed amendments to the Commission's rules to provide specific requirements for licensing the land disposal of radioactive wastes.

8. Type of applicant/recipient
A-State B-Interstate C-Substate District D-City E-School District
G-Special Purpose District H-Community Action Agency I-Higher Educational Institution J-Indian Tribe K-Other
(Specify): Federal Agency
Enter appropriate letter [K]

10. Area of project impact (Names of cities, counties, states, etc.)
Statewide, Arizona

11. Estimated number of persons benefiting

9. Type of assistance
A-Basic Grant B-Supplemental Grant C-Loan
D-Insurance E-Other
Enter appropriate letter(s) [e]

12. Type of application
A-New B-Renewal C-Revision D-Continuation E-Augmentation
Enter appropriate letter [a]

Table with 2 columns: Proposed Funding (Federal, Applicant, State, Local, Other, Total) and Congressional Districts Of (Applicant, Project)

16. Project Start Date Year month day
17. Project Duration Months
18. Estimated date to be submitted to federal agency 19 Year month date

15. Type of change For 12c or 12e
A-Increase Dollars B-Decrease Dollars C-Increase Duration D-Decrease Duration E-Cancellation
F-Other Specify:
Enter appropriate letter(s)

20. Federal agency to receive request (Name, city, state, zip code)

21. Remarks added
Yes No

Section II - Certification

22. The Applicant Certifies That
a. To the best of my knowledge and belief, data in this preapplication/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 if the assistance is approved.

b. If required by OMB Circular A-95 this application was submitted, pursuant to instructions therein, to appropriate clearinghouses and all responses are attached.
(1) Arizona State Clearinghouse
(2)
(3)

23. Certifying representative
a. Typed name and title
b. Signature
c. Date signed Year month day 19

Section III - Federal Agency Action

24. Agency name
25. Application received 19 Year month day

26. Organizational Unit
27. Administrative office
28. Federal application identification

29. Address
30. Federal grant identification

31. Action taken
a. Awarded
b. Rejected
c. Returned for amendment
d. Deferred
e. Withdrawn
32. Funding
a. Federal \$.00
b. Applicant .00
c. State .00
d. Local .00
e. Other .00
f. Total \$.00
33. Action date 19 Year month day

34. Starting date 19 Year month day
35. Contact for additional information (Name and telephone number)
36. Ending date 19 Year month day

37. Remarks added
Yes No

38. Federal agency A-95 action
a. In taking above action, any comments received from clearinghouses were considered. If agency response is due under provisions of Part 1, OMB Circular A-95, it has been or is being made.
b. Federal Agency A-95 Official (Name and telephone number)

SEP 09 1981

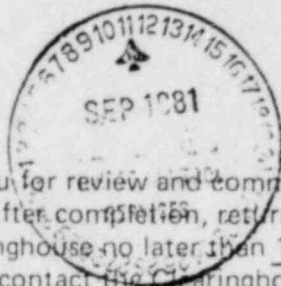
81-60-0031

Dr. James Sarn, M.D., Director
Department of Health Services
1740 West Adams Street
Phoenix, AZ 85007

Indian Affairs
Radiation Reg. Agency
Health
Land

6 Regions

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



This project is referred to you for review and comment. Please evaluate as to the following questions. After completion, return THIS FORM AND ONE XEROX 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):

Reviewer's Signature

Date 11/23

Title *F45*

Telephone 1134