

Date 04/24/2020

### DNMS

US Nuclear Regulatory Commission Region IV 1600 East Lamar Blvd Arlington TX 76011

Mail Control Number: 618854 Docket Number : 3038857 License Number : 49-35259-01 Licensee Name : The Western Sugar Cooperative

To Whom It May Concern,

We would like to amend our current license #49-35259-01. Matt Maybe has left our company and no longer works for Western Sugar. I would like to add Ricky Herman as the RSO for our Torrington facility. He is one of the RSO from our facility in Scottsbluff, NE with similar uses and models. He is located approximately 30 minutes away.

Currently the gauges at the Torrington facility are not in use and have been secured as we determine the eventual fate of the plant. Ricky Herman will be handling the 6-month checks and leak tests.

I would also like to add myself, John Salway as an Assistant RSO. I will only act on Ricky Herman behalf during his physical absence.

I have attached both of our Certificate of Completion for your review. If you have any additional questions, please feel free to contact me.

Thank you,

John Salway Cooperative Safety Director 7555 East Hampden Avenue | Suite 520 Denver, Colorado 80231



Western Sugar Cooperative (Grower Owned)

|            | Ralph Grunewald, Ph.D.<br>Rule Contract of Co | ENGELHARDT & ASSOCIATES, INC.<br>RADIATION CONSULTANTS<br>930 Elm Grove Road, Suite C<br>Elm Grove, WI 53122<br>Phone: 262-439-2111 Fax: 262-439-2112<br>E-mail: engel@chorus.net<br>www.radexperts.com | <i>for participation in</i><br>Radiation Safety Training – Las Vegas, NV<br>February 7 – 9, 2012 | John Salway | Certificate of Completion |  |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------|---------------------------|--|
| the second | John Sanda                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | John                                                                                                                                                                                                    | - And                                                                                            |             |                           |  |

| ENGELHARDT & ASSOCIATES, INC.<br>RADIATION CONSULTANTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | has been successfully trained and tested on the following topics:<br>Regulatory Aspects and regulations; Radiation Physics and Term<br>Dosimetry; Biology; Routine/non-routine maintenance; nonrouti<br>Measurements; Radiation Safety Programs; Leak testing; Lock c<br>systems; detection systems; Hands on operation of GM counter,                                                                                                                       | This<br>Ricky                           | <b>Certificate</b><br>Radiation Safety Tr<br>Wes<br>April 26 <sup>th</sup>                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Training Completion Date:April 27th, 2016Location:Scottsbluff, NEInstructor Signature:Local Would Wou | has been successfully trained and tested on the following topics:<br>Regulatory Aspects and regulations; Radiation Physics and Terminology; Radiation Protection;<br>Dosimetry; Biology; Routine/non-routine maintenance; nonroutine procedures; Radiation<br>Measurements; Radiation Safety Programs; Leak testing; Lock out/tag out; inspections; gauging<br>systems; detection systems; Hands on operation of GM counter, shutter mechanism and leak test | This is to certify that<br>Ricky Herman | <b>Certificate of Completion</b><br>Radiation Safety Training for Gauge Users at<br>Western Sugar<br>April 26 <sup>th</sup> -April 27 <sup>th</sup> , 2016 |



| NRC FORM 532<br>(05-2016) ACKNOWLEDGEMENT - RECEIP                                                                                                                                                                                                                                                                                                                                                                                   | U.S. NUCLEAR REGULATORY COMMISSION                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                     |
| Name and Address of Applicant and/or Licensee                                                                                                                                                                                                                                                                                                                                                                                        | Date                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | 05/11/2020                                                                                                                                                                                          |
| Matthew Maybee                                                                                                                                                                                                                                                                                                                                                                                                                       | License Number(s)                                                                                                                                                                                   |
| Radiation Safety Officer                                                                                                                                                                                                                                                                                                                                                                                                             | 49-35259-01                                                                                                                                                                                         |
| The Western Sugar Cooperative<br>P.O. Box 700                                                                                                                                                                                                                                                                                                                                                                                        | Mail Control Number(s)                                                                                                                                                                              |
| Torrington, WY 82240                                                                                                                                                                                                                                                                                                                                                                                                                 | 618854                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Licensing and/or Technical Reviewer or Branch                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | C. Hill                                                                                                                                                                                             |
| This is to acknowledge receipt of your: 🖌 Letter and                                                                                                                                                                                                                                                                                                                                                                                 | d/or Application Dated: 04/24/2020                                                                                                                                                                  |
| The initial processing, which included an administrative ✓ Amendment                                                                                                                                                                                                                                                                                                                                                                 | review, has been performed.<br>New License                                                                                                                                                          |
| There were no administrative omissions identified                                                                                                                                                                                                                                                                                                                                                                                    | during our initial review.                                                                                                                                                                          |
| This is to acknowledge receipt of your application above. Your application is deemed timely filed, an action has been taken by this office.                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                     |
| Your application for a new NRC license did not include complete and submit NRC Form 531, Request for T following link: <a href="http://www.nrc.gov/reading-rm/do">http://www.nrc.gov/reading-rm/do</a> Follow the instructions on the form for submission                                                                                                                                                                            | axpayer Identification Number, located at the<br>c-collections/forms/nrc531.pdf                                                                                                                     |
| The following administrative omissions have been                                                                                                                                                                                                                                                                                                                                                                                     | identified:                                                                                                                                                                                         |
| Your application has been assigned the above listed MAIL Co<br>action, please refer to this control number. Your application h<br>note that the technical review, which is normally completed w<br>other requests), may identify additional omissions or require a<br>concerning the processing of your application, our contact inf<br>Region IV<br>U. S. Nuclear Regulatory Commission<br>DNMS/NMSB - B<br>1600 E. Lamar Boulevard | has been forwarded to a technical reviewer. Please<br>vithin 180 days for a renewal application (90 days for all<br>additional information. If you have any questions<br>formation is listed below: |
| Arlington, TX 76011-4511<br>(817) 200-1103 or (817) 200-1140                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                     |

#### BETWEEN:

Accounts Receivable/Payable and Regional Licensing Branches

### [ FOR ARPB USE ] INFORMATION FROM WBL

Program Code: 03120 Status Code: Pending Amendment Fee Category:3P Exp. Date: 08/31/2025 Fee Comments: Decom Fin Assur Regd: N

# License Fee Worksheet - License Fee Transmittal

### A. REGION

| 1. APPLICATION ATTA<br>Applicant/Licensee:<br>Received Date:<br>Docket Number:<br>Mail Control Number:<br>License Number:<br>Action Type: | The Western Sug<br>05/06/2020<br>3038857 | gar Cooperative                         |   |   |   |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------|---|---|---|
| 2. FEE ATTACHED                                                                                                                           |                                          |                                         |   |   |   |
| Amount: N/A                                                                                                                               |                                          |                                         |   |   |   |
| Check No.: N/A                                                                                                                            |                                          |                                         |   |   |   |
| 3. COMMENTS                                                                                                                               |                                          |                                         |   |   |   |
|                                                                                                                                           | Signed:                                  | Carol L. Hill                           |   |   |   |
|                                                                                                                                           | Date:                                    | 05/11/2020                              |   |   |   |
| B. LICENSE FEE MAN                                                                                                                        | AGEMENT BRAI                             | NCH (Check when milestone 03 is entered | 1 | 1 | ) |
| 1. Fee Category and A                                                                                                                     | Amount:                                  |                                         |   |   |   |
|                                                                                                                                           |                                          |                                         |   |   |   |

2. Correct Fee Paid. Application may be processed for:

| Amendment: |         |   |
|------------|---------|---|
| Renewal:   |         |   |
| License:   |         |   |
|            |         |   |
| 3. OTHER   |         | — |
|            |         | _ |
|            | Signed: |   |
|            | Date:   |   |

R1201021

## Web-Based Licensing System

|                                |                               | -                                                                                    | DATE: 00/11/2020         |           |
|--------------------------------|-------------------------------|--------------------------------------------------------------------------------------|--------------------------|-----------|
| Agency: NRC                    | WBL WORKSHEE                  |                                                                                      |                          |           |
| DOCKET NUMBER: 3038857         | LICENSE NUMBER: 49-3525       | 9-01 STATUS: P                                                                       | ending Amendment         |           |
| MAIL CONTROL NUMBER: 618854    | RECEIPT DATE: 05/06/2020      | ACTION TYP                                                                           | E: Amendment             |           |
| DUE DATE: 08/04/2020           | INST. CODE: 35259             | LICENSE RE                                                                           | GION: Region 4           |           |
| LICENSE TYPE: 30               | ENTITY TYPE: C                | LICENSE GR                                                                           | OUP: Industrial          |           |
| ISSUE DATE: ORIGIN             | IAL DATE:08/07/2015           | EXPIRATION                                                                           | DATE: 08/31/2025         |           |
| DECOMMISSIONING CATEGORY:      | Group 1                       | LAST ISSUE                                                                           | DATE:                    |           |
| LICENSEE NAME: The Western Su  | gar Cooperative               | DECOM FIN /                                                                          | ASSUR REQD: N<br>SUBM: N |           |
| MAILING ADDRESS LINE1: P.O. Bo | х 700                         | CONT PLAN                                                                            |                          | ′: N      |
| MAILING ADDRESS LINE 2:        |                               |                                                                                      |                          |           |
| CITY: Torrington               | STATE: WY                     | ZIP: 82240                                                                           |                          |           |
| CONTACT PERSON: PREFIX:Mr.     | FIRST NAME: Tom               | MIDDLE                                                                               | INITIAL:                 |           |
| LAST NAME: Briggs              | SUFFIX:                       |                                                                                      |                          |           |
| JOB TITLE: Facility Manager    | PHONE: 307-532-7141 F         | AX: 307-532-4117                                                                     | EMAIL: tebriggs@w        | esternsug |
| BILLING ADDRESS LINE 1: PO BOX | ( 700                         |                                                                                      |                          |           |
| BILLING ADDRESS LINE 2:        |                               |                                                                                      |                          |           |
| CITY: TORRINGTON               | STATE: Wyoming                | ZIP: 82240                                                                           |                          |           |
| BILLING CONTACT PERSON: FIRS   | ST NAME: MID                  | DLE INITIAL: LA                                                                      | ST NAME:                 |           |
| PHONE:                         | EMAIL:                        | FA                                                                                   | <b>X</b> :               |           |
| PRIMARY PGM CODE: 03120        | SECONDARY PGM CODE:           |                                                                                      |                          |           |
| INSPECTION REGION: Region 4    | PRIORITY: 5                   |                                                                                      |                          |           |
| RSO: PREFIX: FIRST NAME        | E: Matthew N                  | 11DDLE INITIAL:                                                                      | LAST NAME Maybee         |           |
| SUFFIX: RS                     | O JOB TITLE: Radiation Safety | Officer                                                                              |                          |           |
| RSO PHONE: 308-630-7720        | RSO FAX: 307-532-4117         | RSO EMAIL: mma                                                                       | ybee@westernsugar.co     | om        |
| STATES WHERE USE IS AUTHORIZ   | ZED:                          | 0- ALL LISTED STATES<br>1- SAME AS STATE IN /<br>2- ALL STATES<br>3- NON-AGREEMENT-5 | ADDRESS                  |           |
| AUTHORIZED STATES (USE ONLY    | ' IF ABOVE IS ZERO):          |                                                                                      |                          |           |
|                                |                               |                                                                                      |                          |           |