

December 24, 1996

EA 96-480

Roberts Construction Company
ATTN: Mr. David H. Roberts
Radiation Safety Officer
P. O. Box 41230
Louisa, KY 41230

SUBJECT: MEETING ANNOUNCEMENT - PREDECISIONAL ENFORCEMENT CONFERENCE -
ROBERTS CONSTRUCTION COMPANY - DOCKET NO. 030-31981

Dear Mr. Roberts:

This letter confirms the telephone conversation between you and O. Masnyk Bailey of this office on December 16, 1996, concerning a predecisional enforcement conference requested by the NRC which has been scheduled for January 13, 1997 at 1:00 p.m. The purpose of the conference is to discuss the apparent violations identified during a recent inspection. The results of this inspection were sent to you by letter dated December 3, 1996.

The purpose of the meeting, as previously described in our December 3 letter, is to obtain information from you prior to taking final enforcement action on the findings from our inspection. You should be prepared to discuss the root causes for the findings, since NRC action could include actions such as revocation of your license.

The location of the meeting will be at the NRC Region II Office, 101 Marietta Street, N.W., Suite 2900; Atlanta, Georgia, in the 30th Floor Conference Room. This meeting is a closed meeting as discussed in Federal Register, 61 FR 65088, dated December 10, 1996. This conference will be closed to members of the public and will be transcribed.

Should you have any questions concerning this meeting, please contact me at (404) 331-5571.

Sincerely,



John P. Potter, Chief
Materials Licensing/Inspection Branch 2
Division of Nuclear Materials Safety

Docket No. 030-31981
License No. 16-24818-02

cc: State of Kentucky

Distribution: (See Page 2)

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 Region II Administrator's Secretary
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 Regional Counsel (For Enforcement Conferences)
 Region II Public Affairs Officer
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 Chief, RAB, AEOD
 Region II OI/Field Office Director
 Headquarters Operations Officer

(*) See next page for previous concurrences

OFFICE	RII-DNMS	RII-EICS				
SIGNATURE						
NAME	OMasnykBailey *	BURyc *	<i>Bim</i>			
DATE	12 / / 96	12 / / 96	12 / 29 / 96	12 / / 96	12 / / 96	12 / / 96
COPY?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

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 Region II Security Officer
 Chief, RAB, AEOD
 Headquarters Operations Officer

Region II OI / Field Office Director

OFFICE	RII DNMS	RII EDES				
SIGNATURE	<i>DNMS</i>	<i>[Signature]</i>				
NAME	DMasnykBailey	Burne				
DATE	12 / 24 / 96	12 / / 96	12 / / 96	12 / / 96	12 / / 96	12 / / 96
COPY?	(YES) NO	(YES) NO	YES NO	YES NO	YES NO	YES NO

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