

Weyerhaeuser MDF • 105 Mills Drive • Columbia Falls, MT 59921

April 9, 2021

Mail Control Number: 625459

Docket Number : 3009516

License Number : 25-15644-01

Licensee Name : Weyerhaeuser N.R., Columbia Falls MDF

Roberto Torres  
Senior Health Physicist  
U.S. NRC Region IV  
1600 East Lamar Blvd, Arlington, TX 76011-4511

Subject: Product Manager Change

25-15644-01

Dear Roberto,

This letter is a notification that a new Product Manager has assumed duties at Weyerhaeuser's MDF plant located in Columbia Falls, MT. The new Product Manager Jason Simpson contact information is as follows: 406.892.6311 or [jason.simpson@weyerhaeuser.com](mailto:jason.simpson@weyerhaeuser.com).

Regards,



Tim Tadlock  
Radiation Safety Officer  
Weyerhaeuser MDF  
Columbia Falls, MT  
P. 406.892.6246 | C. 870.584.9520  
[Timothy.tadlock@weyerhaeuser.com](mailto:Timothy.tadlock@weyerhaeuser.com)

cc: Jason Simpson, Weyerhaeuser MDF Product Line Manager, Columbia Falls, MT

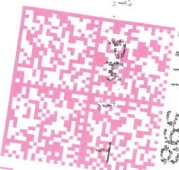


Weyerhaeuser

MDF  
105 Mills L ve  
Columbia Falls, MT 59912

RECEIVED APR 12 2021

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09 APR 2021



UNITED STATES POSTAGE  
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APR 09 2021  
MAILED FROM ZIP CODE 59912

U.S. NRC Region IV  
1600 East Lamar Blvd  
Arlington, TX 76011-4511  
Attn: Roberto Torres

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**ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE**

<b>Name and Address of Applicant and/or Licensee</b>  Mr. Timothy D. Tadlock Radiation Safety Officer Weyerhaeuser N.R., Columbia Falls MDF 105 Mills Drive Columbia Falls, MT 59912	<b>Date</b> 04/23/2014
	<b>License Number(s)</b> 25-15644-01
	<b>Mail Control Number(s)</b> 625459
	<b>Licensing and/or Technical Reviewer or Branch</b> C. Hill

This is to acknowledge receipt of your:  Letter and/or  Application Dated: 04/19/2021

The initial processing, which included an administrative review, has been performed.  
 Amendment  Termination  New License  Renewal

There were no administrative omissions identified during our initial review.

This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

Your application for a new NRC license did not include your taxpayer identification number. Please complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>  
 Follow the instructions on the form for submission.

The following administrative omissions have been identified:

Your application has been assigned the above listed MAIL CONTROL NUMBER. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

**Region IV**  
**U. S. Nuclear Regulatory Commission**  
**DNMS/NMSB - B**  
**1600 E. Lamar Boulevard**  
**Arlington, TX 76011-4511**  
**(817) 200-1103 or (817) 200-1140**



Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3009516 LICENSE NUMBER: 25-15644-01 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 625459 RECEIPT DATE: 04/15/2021 ACTION TYPE: Notifications

DUE DATE: 07/14/2021 INST. CODE: 15644 LICENSE REGION: Region 4

LICENSE TYPE: 30 ENTITY TYPE: C LICENSE GROUP: Industrial

ISSUE DATE: 07/20/2018 ORIGINAL DATE: 08/31/1989 EXPIRATION DATE: 06/30/2025

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE: 07/20/2018

LICENSEE NAME: Weyerhaeuser N.R., Columbia Falls MDF DECOM FIN ASSUR REQD: N  
SUBM: N

MAILING ADDRESS LINE1: 105 Mills Drive CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Columbia Falls STATE: MT ZIP: 59912

CONTACT PERSON: PREFIX: Mr. FIRST NAME: Tim MIDDLE INITIAL:

LAST NAME: Olson SUFFIX:

JOB TITLE: Product Line Manager PHONE: 360-870-3430 FAX: EMAIL: tim.olson@weyerhaeus

BILLING ADDRESS LINE 1:

BILLING ADDRESS LINE 2:

CITY: STATE: Montana ZIP:

BILLING CONTACT PERSON: FIRST NAME: MIDDLE INITIAL: LAST NAME:

PHONE: EMAIL: FAX:

PRIMARY PGM CODE: 03120 SECONDARY PGM CODE:

INSPECTION REGION: Region 4 PRIORITY: 5

RSO: PREFIX: FIRST NAME: Timothy MIDDLE INITIAL: D. LAST NAME Tadlock

SUFFIX: RSO JOB TITLE: Radiation Safety Officer and QC Supervisor

RSO PHONE: 406-892.-246 RSO FAX: 406-892-6150 RSO EMAIL: timothy.tadlock@weyerhaeuser.com

STATES WHERE USE IS AUTHORIZED: 1  
0- ALL LISTED STATES  
1- SAME AS STATE IN ADDRESS  
2- ALL STATES  
3- NON-AGREEMENT-STATES

AUTHORIZED STATES (USE ONLY IF ABOVE IS ZERO):