

From: [Blades, Beau](#)
To: [Hill, Carol](#)
Cc: [Oakason, Travis](#)
Subject: [External_Sender] Weyerhaeuser - Columbia Falls MDF - RSO Permit Update
Date: Wednesday, November 17, 2021 9:47:29 AM
Attachments: [image002.png](#)
[image003.png](#)

Good morning Carol,

For the Weyerhaeuser – Columbia Falls MDF site, can you please remove my name from the permit and keep Travis Oakason on as the primary RSO for the site? I have resigned as Safety Manager for the site and am tying up loose ends. Please send any documentation that needs to be signed to the following address:

Travis Oakason, GSP
105 Mills Dr
Columbia Falls, MT 59912

Mail Control Number: 629200
Docket Number : 3009516
License Number : 25-15644-01
Licensee Name : Weyerhaeuser N.R., Columbia Falls MDF

Thanks.

Beau Blades, CSP | Safety Manager | Columbia Falls MDF

Office: 406-892-5930

Cell: 406-309-4323

E-Mail: beau.blades@wy.com

“The secret of change is to focus all of your energy not on fighting the old, but on building the new.” - Socrates

OUR VISION: Working together to be the world’s premier timber, land, and forest products company

OUR VALUES: Safety | Integrity | Citizenship | Sustainability





ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee Robert M. Gibbens, P.E. President & Radiation Safety Officer Hawaii Geotechnical Consulting, Inc. P.O. Box 331223 Kahului, Hawaii 96733	Date 11/17/2021
	License Number(s) 25-15644-01
	Mail Control Number(s) 629200
	Licensing and/or Technical Reviewer or Branch C. Hill

This is to acknowledge receipt of your: Letter and/or Application Dated: 11/17/2021

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:
 Please provide Documentation demonstrating the proposed radiation safety officer's training and experience (e.g., certificate of completion of the RSO's course and/or the authorized user's course).

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**

From: [Hill, Carol](#)
To: travis.oakason@weyerhaeuser.com
Subject: Oakason Acknowledgement of Receipt of Amendment Request is attached (005) (00B) (003) (002).pdf
Date: Wednesday, November 17, 2021 12:06:00 PM
Attachments: [Oakason Acknowledgement of Receipt of Amendment Request is attached \(005\) \(00B\) \(003\) \(002\).pdf](#)

Please note the highlighted request for additional information on the attached Acknowledgement of Receipt of Amendment Request. You can send the additional information to me at this address.

Have a Great Day,

**Stay safe and remember
the best way to protect yourself
is to wash your hands often
and thoroughly.**



Carol L. Hill, Licensing Assistant

Direct: 817-200-1140
Toll Free: 1-800-952-9677
Fax: 817-200-1083
E-mail: Carol.Hill@nrc.gov

US Nuclear Regulatory Commission
1600 E. Lamar Blvd.
Arlington, TX 76011-4511

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: 06/30/2025
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Weyerhaeuser N.R., Columbia Falls MDF
Received Date: 11/17/2021
Docket Number: 3009516
Mail Control Number: 629200
License Number: 25-15644-01
Action Type: Amendment

2. FEE ATTACHED

Amount: N/A

Check No.: N/A

3. COMMENTS

Signed: Carol L. Hill

Date: 11/17/2021

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / /)

1. Fee Category and Amount: _____

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

Amendment: _____

Renewal: _____

License: _____

3. OTHER _____

Signed: _____

Date: _____

Agency: NRC

WBL WORKSHEET

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

MAIL CONTROL NUMBER: 629200 RECEIPT DATE: 11/17/2021 ACTION TYPE: Amendment

DUE DATE: 02/15/2022 INST. CODE: 15644 LICENSE REGION: Region 4

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

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

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

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: Jason MIDDLE INITIAL:

LAST NAME: Simpson SUFFIX:

JOB TITLE: Product Line Manager PHONE: 406-892-6311 FAX: EMAIL: jason.simpson@weyerh

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: Beau MIDDLE INITIAL: LAST NAME: Blades

SUFFIX: RSO JOB TITLE: Radiation Safety Officer and Safety Manager

RSO PHONE: 406-892-5930 RSO FAX: 406-892-6150 RSO EMAIL: beau.blades@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):