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Date: November 4, 2021

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

Mail Control Number: 629353
Docket Number : 3032206
License Number : 11-27320-01
Licensee Name : Strata, Inc.

SUBJECT: Radioactive Materials License 11-27320-01

Attention: Carol L. Hill
Licensing Assistant

As of November 5, 2021, I am no longer able to fulfill the duties as Radiation Safety Officer for License # 11-27320-01. For information related to this license please contact Mr. Paxton Anderson, P.E. at STRATA's office located in Spokane, Washington @ 509-891-1904, e mail address: Panderson@stratageotech.com

Sincerely,

A handwritten signature in blue ink that reads "Michael Olson".

Michael D. Olson
STRATA | Corporate Quality Manager
Cell 702-249-4751

From: [Michael Olson](#)
To: [Hill, Carol](#)
Cc: [Paxton K. Anderson](#)
Subject: [External_Sender] Radioactive Materials License 11-27320-01 Radiation Safety Officer Change of Status Notification
Date: Thursday, November 4, 2021 8:24:13 AM
Attachments: [RadioactiveMaterialsLicenseChange.pdf](#)

**U.S. Nuclear Regulatory Commission
Region IV, 1600 East Lamar Blvd.
Arlington, Texas 76011-4511**

Attention: Carol Hill
Licensing Assistant

As of November 5, 2021, I am no longer able to fulfill the duties as Radiation Safety Officer for License 11-27320-01.
Please see attached request.

Regards,

Michael D. Olson
Spokane 509-891-1904 | **Cell** 702-249-4751
[StrataGeoTech.com](#)



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Mr. Michael D. Olson
Corporate Radiation Safety Officer
Strata, Inc.
8653 West Hackamore Drive
Boise, ID 83709

Date

12/01/2021

License Number(s)

11-27320-01

Mail Control Number(s)

629353

Licensing and/or Technical Reviewer or Branch

C. Hill

This is to acknowledge receipt of your: Letter and/or Application Dated: 11/04/2021

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: 3032206 LICENSE NUMBER: 11-27320-01 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 629353 RECEIPT DATE: 11/04/2021 ACTION TYPE: Amendment

DUE DATE: 02/02/2022 INST. CODE: 27320 LICENSE REGION: Region 4

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

ISSUE DATE: ORIGINAL DATE: 06/17/1992 EXPIRATION DATE: 02/28/2026

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

LICENSEE NAME: Strata, Inc. DECOM FIN ASSUR REQD: N
SUBM: N

MAILING ADDRESS LINE1: 8653 West Hackamore Drive CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Boise STATE: ID ZIP: 83709

CONTACT PERSON: PREFIX: FIRST NAME: Michael MIDDLE INITIAL: D.

LAST NAME: Olson SUFFIX:

JOB TITLE: Corporate Radiation Safety Offi PHONE: 509-891-1904 FAX: 208-376-8201 EMAIL: molson@stratageotech

BILLING ADDRESS LINE 1:

BILLING ADDRESS LINE 2:

CITY: STATE: Idaho ZIP:

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

PHONE: EMAIL: FAX:

PRIMARY PGM CODE: 03121 SECONDARY PGM CODE:

INSPECTION REGION: Region 4 PRIORITY: 5

RSO: PREFIX: FIRST NAME: Michael MIDDLE INITIAL: D. LAST NAME Olson

SUFFIX: RSO JOB TITLE: Corporate Radiation Safety Officer

RSO PHONE: 509-891-1904 RSO FAX: 208-376-8201 RSO EMAIL: molson@stratageotech.com

STATES WHERE USE IS AUTHORIZED: 3
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):