

From: [Timani Samau](#)
To: [R4 Licensing Action Submittals](#)
Cc: [Ben Maraivalu](#); [Loloane Auala](#); [John Faamau](#); [Ienisei Matautia](#); [Max Tomasi](#); [Loimata Leota](#)
Subject: [External_Sender] FW: Update Radiation Safety Officer
Date: Friday, March 3, 2023 7:47:34 PM

Hello

MCD is formally requesting the change in RSO

Remove – Toetau Pouifi Tufuga replace with

RSO Contact – Max Tomasi Max Tomasi Max.Tomasi@mcdgroup.com

2nd contact – Loimata Leota Loimata Leota Loimata.Leota@mcdgroup.com

3rd contact – Timani Samau Timani Samau Timani.Samau@mcdgroup.com

Our training is due to be completed by Mid March 2023.

Thank you

Ngā mihi | Kind regards,

Timani Samau

Branch Manager

McConnell Dowell

M: +1 684 254 2612



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From: Mohammed Kawasmi <Mohammed.Kawasmi@nrc.gov>
Sent: Tuesday, 14 February 2023 9:09 AM
To: Timani Samau <Timani.Samau@mcdgroup.com>
Cc: Allyce Bolger (She/Her) <Allyce.Bolger@nrc.gov>
Subject: Update Radiation Safety Officer

Hello Timani Samau,

As Allyce discussed with you during the exit meeting today, please be sure to submit an amendment to your NRC license requesting that the Radiation Safety Officer be updated to you. You can do this by sending an email to R4LicensingActionSubmittals.Resource@nrc.gov requesting this change. Please be sure to attach to that email your training records as well as a completed [NRC Form 313](#). Please refer to [NUREG 1556, Volume 1](#) for additional information or reach out to R4LicensingActionSubmittals.Resource@nrc.gov with any questions you may have regarding this issue.

Thank you,

Mohammed Kawasmi
Health Physicist
U.S. Nuclear Regulatory Commission
Region IV
Division of Radiological Safety and Security
Materials Inspection Branch
Office: 817-200-1138
Email: Mohammed.Kawasmi@nrc.gov

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Mohammed Kawasmi
Health Physicist
U.S. Nuclear Regulatory Commission
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Office: 817-200-1138
Email: Mohammed.Kawasmi@nrc.gov

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To: [Timani Samau](#); [R4 Licensing Action Submittals](#)
Cc: [Ben Maraivalu](#); [Loloane Auala](#); [John Faamau](#); [Ienisei Matautia](#); [Max Tomasi](#); [Loimata Leota](#)
Subject: RE: FW: Update Radiation Safety Officer
Date: Tuesday, March 14, 2023 9:58:00 AM

Please resubmit this request on Company letterhead, dated, and signed.

Thank you

Carol L. Hill

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

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ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee Mr. Toetau Pouifi Tufuga Radiation Safety Officer McConnell Dowell (American Samoa) Ltd. PO Box 4664 Pago Pago, AS 96799	Date 03/14/2023
	License Number(s) 56-29396-01
	Mail Control Number(s) 634808
	Licensing and/or Technical Reviewer or Branch C. Hill

This is to acknowledge receipt of your: Letter and/or Application Dated: 03/03/2023

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

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 03121
Status Code: Pending Amendment
Fee Category: 3P
Exp. Date: 12/31/2035
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: McConnell Dowell (American Samoa) Ltd.
Received Date: 03/03/2023
Docket Number: 3038318
Mail Control Number: 634808
License Number: 56-29396-01
Action Type: Amendment

2. FEE ATTACHED

Amount: N/A

Check No.: N/A

3. COMMENTS

Signed: _____

Date: _____

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: 3038318 LICENSE NUMBER: 56-29396-01 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 634808 RECEIPT DATE: 03/03/2023 ACTION TYPE: Amendment

DUE DATE: 06/01/2023 INST. CODE: 29396 LICENSE REGION: Region 4

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

ISSUE DATE: ORIGINAL DATE: 07/26/2010 EXPIRATION DATE: 12/31/2035

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

LICENSEE NAME: McConnell Dowell (American Samoa) Ltd. DECOM FIN ASSUR REQD: N
SUBM: N

MAILING ADDRESS LINE1: P.O. Box 4664 CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Pago Pago STATE: AS ZIP: 96799

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

LAST NAME: Samau SUFFIX:

JOB TITLE: Branch Manager PHONE: 684-254-2612 FAX: EMAIL: timani.samau@mcdgro

BILLING ADDRESS LINE 1:

BILLING ADDRESS LINE 2:

CITY: STATE: American Samoa 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: Toetau MIDDLE INITIAL: Pouifi LAST NAME Tufuga

SUFFIX: RSO JOB TITLE: Radiation Safety Officer

RSO PHONE: 684-258-1195 RSO FAX: RSO EMAIL: pouifi.tufuga@mcdgroup.com

STATES WHERE USE IS AUTHORIZED: 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):