

From: [Smith, Tom](#)
To: [Carol Hill](#)
Cc: [Morioka, Lance](#); [Lau, Ryan](#); [Smith, Tom](#)
Subject: [External_Sender] Re: License # 5323232-01, Request to change RSO
Date: Monday, July 24, 2023 3:07:53 PM
Attachments: [Letter to request RSO change from L. Morioka to T. Smith 07242023 \(signed\).pdf](#)
[Radiation Safety Officer Certificate for T. Smith.pdf](#)
[Radiation Safety Officer Certificate for Lance Morioka.pdf](#)

July 24, 2023
Nuclear Regulatory Commission
1600 E. Lamar Boulevard
Arlington, TX 76011-4511

Attn: **Materials Licensing Branch: Carol Hill**
FAX#: 817-200-1083 E-mail: Carol.Hill@nrc.gov

Subject: Change of Radiation Safety Officers (RSO)
Re: License # 5323232-01, Docket # 030-20394

Dear NRC Representative,

This note is to request a change of Radiation Safety Officer (RSO):

From: Lance Morioka

To: Thomas Smith

Requesting Mr. Morioka remain as an alternate RSO for the facility.

Currently, Amendment No. 16 is the latest Materials license we have on file.

Both Mr. Smith's and Mr. Morioka's Training Certificates are attached as well as a signed copy of this request.

If there are any questions or comments, please feel free to contact as follows:

Respectfully,

Lance R. Morioka, RSO
Sr. Electrical Engineer
Par Hawaii Refining
91-325 Komohana Street
Kapolei, HI 96707
(808)547-3957 (Tel.)
(808)547-3145 (Fax)
Lmorioka@parpacific.com

Thomas W. Smith
Safety Coordinator
Par Hawaii Refining
91-325 Komohana Street
Kapolei, HI 96707
(808)547-3873 (Tel.)
(808)547-3145 (Fax)
Tsmith@parpacific.com

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Mail Control Number: 636347
Docket Number : 3020394
License Number : 53-23232-01
Licensee Name : Par Hawaii Refining, LLC



Par Hawaii Refining

91-325 Komohana Street
Kapolei, HI 96707-1713

July 24, 2023
Nuclear Regulatory Commission
1600 E. Lamar Boulevard
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From: Lance Morioka

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Both Mr. Smith's and Mr. Morioka's Training Certificates are attached.

If there are any questions or comments, please feel free to contact as follows:

Respectfully,

Handwritten signature of Lance R. Morioka in cursive.

Lance R. Morioka, RSO
Sr. Electrical Engineer
Par Hawaii Refining
91-325 Komohana Street
Kapolei, HI 96707
(808)547-3957 (Tel.)
(808)547-3145 (Fax)
Lmorioka@parpacific.com

Handwritten signature of Thomas W. Smith in cursive.

Thomas W. Smith
Safety Coordinator
Par Hawaii Refining
91-325 Komohana Street
Kapolei, HI 96707
(808)547-3873 (Tel.)
(808)547-3145 (Fax)
Tsmith@parpacific.com

OHMARTVEGA

Lance Morioka

Tesoro Kapolei, Hawaii

Has successfully completed the

Ohmart Radiation Safety Course

February 5th - February 8th, 2001

Presented at Tesoro in Kapolei, Hawaii

Subject matter covered:

- Basic atomic theory
- Measurement and monitoring techniques
- Exposure calculations
- Biological effects of radiation
- NRC regulations
- Leak test, shutter check
- Installation, relocation, and removal procedures
- Hands on lab work
- Proper disposal practices
- Emergency procedures



George W. Brown
Radiation Safety Officer
Training Manager

OHMARTVEGA Corporation
Technical Training Schools
Cincinnati, Ohio 45209

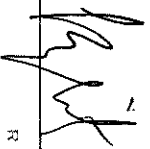
Thomas Smith

Has successfully completed the 10 hour technical short course entitled
Radiation Safety Officer

November 11, 2022 - November 18, 2022
This certificate presented in Las Vegas, NV, November 18, 2022

By: Sandra Technical Associates, Inc.

Approval codes for CE units are: ASRT, Class A, NV20143001, 43 Units, CHIC, M114946



ROGER SIT

CERTIFICATE NUMBER: 1668441635

ASRT CEU EXPIRATION DATE: SEPTEMBER 1, 2025



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Par Hawaii Refining, LLC
91-325 Komohana Street
Kapolei, HI 96707-1713

Date

07/25/2023

License Number(s)

53-23232-01

Mail Control Number(s)

636347

Licensing and/or Technical Reviewer or Branch

Giavanna Muffelletto

This is to acknowledge receipt of your: Letter and/or Application Dated: 07/24/2023

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:

[Empty box for administrative omissions]

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: 3020394 LICENSE NUMBER: 53-23232-01 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 636347 RECEIPT DATE: 07/24/2023 ACTION TYPE: Amendment

DUE DATE: 10/22/2023 INST. CODE: 23232 LICENSE REGION: Region 4

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

ISSUE DATE: ORIGINAL DATE: 01/28/1986 EXPIRATION DATE: 07/31/2036

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

LICENSEE NAME: Par Hawaii Refining, LLC DECOM FIN ASSUR REQD: N
SUBM: N

MAILING ADDRESS LINE1: 91-325 Komohana Street CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Kapolei STATE: HI ZIP: 96707

CONTACT PERSON: PREFIX: FIRST NAME: Annie MIDDLE INITIAL:

LAST NAME: Lam SUFFIX:

JOB TITLE: PHONE: 808-547-3834 FAX: EMAIL: annie.k.lam@parpacific

BILLING ADDRESS LINE 1:

BILLING ADDRESS LINE 2:

CITY: STATE: Hawaii 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: Lance MIDDLE INITIAL: LAST NAME Morioka

SUFFIX: RSO JOB TITLE:

RSO PHONE: 808-547-3813 RSO FAX: 808-547-3944 RSO EMAIL: Lance.R.Morioka@parpacific.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):