

DL-062195\_03



# COMMONWEALTH of VIRGINIA

*Department of Emergency Services*

A. E. SLAYTON, JR.  
State Coordinator

Keith R. Keister  
Deputy Coordinator

100 Turner Road  
Richmond, Virginia 23225-6491  
Phone: 804-646-4449  
TDD: 804-241-  
Fax: 804-674-2490

June 21, 1995

Ms. Diane Heim  
U. S. Nuclear Regulatory Commission  
Region II, Material Radiation Protection Section  
101 Marietta Street, N. W.  
Atlanta, Georgia 30323

Dear Ms. Heim:

As per our telephone conversation please accept this letter as authority to identify Mr. Douglas P. Anderson as the Nuclear Safety Officer (NSO) in item 7. of the material license application. His qualifications remain the same as those previously submitted when he was identified as the temporary NSO.

I thank you for your assistance.

Yours truly,

A handwritten signature in cursive script, appearing to read "Linwood O. Grant".

Linwood O. Grant  
Chief, CEP Branch

LOG

LICENSE FEE REQUIREMENTS

LICENSE FEE AND DEBT COLLECTION BRANCH  
DIVISION OF ACCOUNTING AND FINANCE  
OFFICE OF THE CONTROLLER  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001

Attn: Rita Messler

Commonwealth of Virginia  
Department of Emergency Services  
Attn: A. E. Slayton, Jr.  
310 Turner Road  
Richmond, VA 23225-6491

TYPE OF ACTION

NEW LICENSE

RENEWAL OF LICENSE

AMENDMENT TO LICENSE

REQUESTED DATE

5/8/95

LICENSE NUMBER

45-12314-02

CONTROL NUMBER

256429

I. APPLICATION FEE DUE

Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of the enclosed Federal Register notice. Payment of the fee is required prior to the issuance of the license, renewal or amendment.

FEE CATEGORY	APPLICATION	RENEWAL	AMENDMENT
8A	\$	\$	\$ 480
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(s) DUE \$  
PAYMENT RECEIVED \$  
AMOUNT DUE \$ 480

Your request was received without the prescribed application fee.

We received your Check No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_. Payment of the additional fee noted above is required.

Your request will increase the scope of your license program. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(d)(2).

Your license expired prior to the receipt of your application for renewal. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(a).

MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM THE DATE LISTED BELOW, WE SHALL ASSUME THAT YOU DO NOT WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS ACTION.

SIGNATURE - LICENSE FEE ANALYST  
*Rita Messler*  
LFDCB  
*Attn*  
LFDCB  
5/23/95

II. FEE NOT REQUIRED

Enclosed is Check No. \_\_\_\_\_ which accompanied your request. The fee is not required because:

We received your Check No. \_\_\_\_\_ in payment of the fee.

The Licensing staff has informed us that your request is to be considered as a continuation of your request dated \_\_\_\_\_, Control No. \_\_\_\_\_.

Your request was combined, prior to review, with your \_\_\_\_\_ request, Control No. \_\_\_\_\_.

III. CHECK RETURNED

Enclosed is Check No. \_\_\_\_\_ which was returned to us by the bank for:

- INSUFFICIENT FUNDS
- ACCOUNT CLOSED
- OTHER

MAIL THE REPLACEMENT CHECK TO THE ADDRESS LISTED AT THE TOP OF THIS FORM AND REFERENCE THE ABOVE CONTROL NUMBER.

IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE

License No. \_\_\_\_\_, Amendment No. \_\_\_\_\_, issued on \_\_\_\_\_ was issued without the required fee being collected. The fee required is noted in Section I of this form.

The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section I of this form. Refer to Section 170.31 and Footnote 1(d)(2).

Because of the urgency of your request, the license was issued without remittance of the prescribed fee noted in Section I of this form.

DISTRIBUTION  
NO CAP RE  
NO DB RE  
Pending Fee File  
May 23 1995

DATE  
5/23/95

(FOR LFMS USE)  
 INFORMATION FROM LTS

Program Code: 03222  
 Status Code: 0  
 Fee Category: BA  
 Exp. Date: 1998.930  
 Fee Comments:  
 Decom Fin Assur Recd: N

BETWEEN:  
 License Fee Management Branch, ARM  
 and  
 Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: VIRGINIA, COMMONWEALTH OF  
 Received Date: 950511  
 Docket No.: 3007447  
 Control No.: 256429  
 License No.: 45-12314-02  
 Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
 Check No.: \_\_\_\_\_

3. COMMENTS

Signed: Ronald A. Kern  
 Date: 5/13/95  
 B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered) 1/1/95

1. Fee Category and Amount: BA

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

Amendment \_\_\_\_\_  
 Renewal \_\_\_\_\_  
 License \_\_\_\_\_

3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
 Date \_\_\_\_\_

Log #	2002 3 #
Remitter	4097
Check No.	4480
Amount	BA
Fee Category	BA
Type of fee	BA
Date Check Rec'd.	5/13/95
Date Completed	5/13/95
By:	R. A. Kern