



6400 South Airpark Drive  
Anchorage, Alaska 99502  
Office: (907) 245-1865  
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January 16, 2018

National Regulatory Commission  
Region IV  
Arlington, Texas

Attention: Michelle M. Hammond

Subject: License Amendments

**PUBLIC**

- ☐ Immediate Release  
☒ Normal Release

**NON-PUBLIC**

- ☐ A.3 Sensitive-Security Related  
☐ A.7 Sensitive Internal  
☐ Other: \_\_\_\_\_

Reviewer: 1/22 Date: 1-24-18

Ms. Hammond,

Knik Construction Co., Inc. would like to make the following amendments to their nuclear license (50-35114-01).

12. Amend the following:

The Radiation Safety Officer (RSO) is Amanda Gilliland

Please let me know if you have any questions or need further information.

Thank you,

A handwritten signature in black ink, appearing to read "Amanda Gilliland".  
Amanda Gilliland

602178

**Hill, Carol**

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**From:** Hammond, Michelle  
**Sent:** Wednesday, January 17, 2018 1:15 PM  
**To:** Hill, Carol  
**Subject:** Fw: License Amendment 1-16-18.pdf  
**Attachments:** License Amendment 1-16-18.pdf

Hi Carol.

Can you set up this amendment request ??

Thanks.  
Michelle Hammond

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**From:** Amanda Gilliland <amandag@Lynden.com>  
**Sent:** Tuesday, January 16, 2018 5:01 PM  
**To:** Hammond, Michelle  
**Subject:** [External\_Sender] License Amendment 1-16-18.pdf

Hi Michelle,

I have attached a letter to this email regarding a change to our company RSO. I will be replacing Eryn Jones as RSO. She is also attached to this email. Please let me know if you need anything else.

Thanks,  
Amanda



## ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

## Name and Address of Applicant and/or Licensee

Eryn Jones  
Radiation Safety Officer  
Knik Construction  
6400 South Airpark Drive  
Anchorage, Alaska 99502

## Date

01/19/2018

## License Number(s)

50-35114-01

## Mail Control Number(s)

602178

## Licensing and/or Technical Reviewer or Branch

CHill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 01/16/2018

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) 200-1209 or (817) 200-1140

✓ 1/19

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: 12/18/2023  
Fee Comments:  
Decom Fin Assur Req'd: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: Knik Construction  
Received Date: 01/16/2018  
Docket Number: 3038694  
Mail Control Number: 602178  
License Number: 50-35114-01  
Action Type: Amendment

#### 2. FEE ATTACHED

Amount: \_\_\_\_\_

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

#### 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: \_\_\_\_\_