

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU Maria Kampsen, P.E.		TELEPHONE NO. (907) 290-1453	TYPE OF CONVERSATION  <input type="checkbox"/> IN-PERSON <input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE  <input checked="" type="checkbox"/> INCOMING <input type="checkbox"/> OUTGOING
E-MAIL ADDRESS			
ORGANIZATION Alaska Testlab (New Application: NRC License Number 50-35474-01, 030-39096)			
SUBJECT New Application Review Status			

**SUMMARY**  
 Ms. Kampsen called reviewer Latischa Hanson on March 14, 2018, to check on the status of her new portable gauge application. I retrieved the file from Jackie Cook's (senior reviewer assigned the review action) and called her back to discuss the following needed items (from a high level review response):

1. Use NUREG 1556, Vol. 1, Rev. 2: fill out Appendix B checklist and submit. Be sure to make all references reflect this NUREG volume.
2. List out requested number and quantity of gauges and information required under Item #5 of App. B checklist and include purpose of gauge use.
2. Request TJS authorization (discussed this with applicant to which she said she wanted this authorization).
3. NUREG 1556, Vol. 1, Rev. 2, Appendix G committal. Discussed operating, emergency, and security procedures under this appendix and checking th box to commit to this appendix.
3. Submit a sketch/diagram of the proposed storage facility with notation "Security Related Information—Withhold under 10 CFR 2.390.
4. New Entity verification: Submit a copy of their business license issued by Alaska; Submit a copy of their company organization chart.

We discussed at length Appendix G checklist items. She will complete the correct NUREG checklist and submit all additional documents/information to Jackie.Cook@nrc.gov. Explained to her that the new applicant packet allows review through May, 16, 2018.

*Docket # 030-39096; Control # 602442*

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**ACTION REQUIRED**  
 Once additional information received by Jackie Cook, she can commence with application packet review and will contact applicant if any additional information is needed.

NAME OF PERSON DOCUMENTING CONVERSATION Latischa M. Hanson	SIGNATURE <i>Latischa M. Hanson</i>	DATE 3/14/18
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**ACTION TAKEN**

**TITLE OF PERSON TAKING ACTION**      **SIGNATURE OF PERSON TAKING ACTION**      **DATE**

**PUBLIC**  
 Immediate Release  
 Normal Release  
  
 **NON-PUBLIC**  
 A.3 Sensitive-Security Related  
 A.7 Sensitive Internal  
 Other: \_\_\_\_\_

Reviewer: *JPC*      Date: *4/24/18*