

William O. Miller, Chief
License Fee Management Branch, ADM

ORB#4-179/79
w/inc.

Date: 5/21/79
Amended Form Date: _____

FACILITY AMENDMENT CLASSIFICATION - DOCKET NO(S). 50-313

Licensee: Arkansas Power + Light Co.

Plant Name and Unit(s): Arkansas Nuclear One, Unit 1

License No(s): DPR-51 Mail Control No: _____

Request Dated: 5/11/79 Fee Remitted: Yes _____ No X

Assigned TAC No: 11655

Licensee's Fee Classification: Class I _____, II _____, III _____, IV _____, V _____, VI _____,
None X.

Amendment No. Order Date of Issuance 5/17/79

- 1. This request has been reviewed by DOR/DPM in accordance with Section 170.22 of Part 170 and is properly categorized.
- 2. This request is incorrectly classified and should be properly categorized as Class _____. Justification for classification or reclassification: _____
- 3. Additional information is required to properly categorize the request: _____

4. This request is a Class III type of action and is exempt from fees because it:

RECEIVED BY LFMB (a) _____ was filed by a nonprofit educational institution,
 Date: 5/22/79 (b) _____ was filed by a Government agency and is not for a
 Time: 3:30 power reactor,
 By: P.M.
 From: _____ (c) _____ is for a Class _____ (can only be a I, II, or III) amendment
 Cy to: _____ which results from a written Commission request dated _____
 Action Compl. _____ for the application and the amendment is to simplify or clarify
 license or technical specifications, has only minor safety
 significance, and is being issued for the convenience of the
 Commission, or
 cc: Docket File
 Reactor File
 Exemptions (d) X other (state reason therefor): Order issued pursuant to
10 CFR 2.204 + therefore not subject to fees.
 R. Reid, ORB-4

THIS DOCUMENT CONTAINS
POOR QUALITY PAGES

William O. Miller 5/21/79 R. Reid 5/21/79

Our initial fee determination has been reassessed and is hereby affirmed
 The above request has been reviewed and is exempt from fees.

William O. Miller
William O. Miller, Chief
License Fee Management Branch
Date 5/23/79