




**RECEIVED**  
**01/06/2021**

# MEMORANDUM

**To:** Christopher Bydlon, EIT, Staff Engineer  
**Date:** October 23, 2020  
**From:** Garret K. Gladsjo, PE, proHNS Manager/Executive Officer   
**Subject:** proHNS Radiation Safety Officer Assignment

**Mail Control Number: 624191**  
**Docket Number : 3039166**  
**License Number : 50-35540-01**  
**Licensee Name : proHNS LLC**

This Memorandum serves to formalize Christopher Bydlon's appointment to the role of proHNS Radiation Safety Officer (RSO), and responsibility for ensuring the safe use of radiation by proHNS personnel. This role is also responsible for managing the proHNS Radiation Protection Program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with regulations.

Chris is hereby delegated the authority necessary to meet these responsibilities, including prohibiting the use of byproduct material by employees who do not meet the necessary requirements and shutting down operations, when justified, to maintain radiation safety. Chris is required to notify management if staff does not cooperate and does not address radiation safety issues. In addition, Chris is free to raise issues with the U.S. Nuclear Regulatory Commission (NRC) at any time.

It is estimated Chris will spend up to 8 hours per week conduction radiation protection activities on behalf of proHNS.

I, Christopher Bydlon, with my signature below hereby accept the above responsibilities,



10/26/2020

Christopher Bydlon, Radiation Safety Officer

Date

**Cc:** Lucas Chambers, PE, proHNS Manager/Executive Officer  
 proHNS Radiation Safety Program File

**Att:** Christopher Bydlon Radiation Safety Officer Training Certificate

Certificate ID: 0A7FA202BAAB354C

# *Radiation Safety Officer Certification*

This certifies that

**Christopher Bydlon**

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has successfully completed the official Troxler Radiation Safety Officer Course. This person was taught and demonstrated knowledge of radiation safety and the regulatory requirements associated with the role of Radiation Safety Officer for a portable nuclear gauge license on this date:

**Oct 23, 2020**

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Troxler Electronic Laboratories, Inc.  
P.O.BOX 12057 - 3008 E. Cornwallis Road - Research Triangle Park, NC 27709  
Phone:(919) 549-8661 - Fax: (919) 549-0761 - [www.troxlerlabs.com](http://www.troxlerlabs.com)

**From:** [Simmons, Michelle](#)  
**To:** [Hill, Carol](#)  
**Cc:** [Hanson, Latischa](#)  
**Subject:** FW: RE: proHNS Request for License No. 50-35540-01 Amendment  
**Date:** Wednesday, January 6, 2021 3:14:48 PM  
**Attachments:** [image002.png](#)  
[RSO Assignment Memo - Chris Bydlon.pdf](#)

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Carol,

Please set this up as an amendment request. Thank you.

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**From:** Garret Gladsjo <garret@prohns.com>  
**Sent:** Wednesday, January 06, 2021 12:53 PM  
**To:** Hanson, Latischa <Latischa.Hanson@nrc.gov>  
**Cc:** Chris Bydlon <chris@prohns.com>; Simmons, Michelle <Michelle.Simmons@nrc.gov>  
**Subject:** [External\_Sender] RE: proHNS Request for License No. 50-35540-01 Amendment

Hi Latischa,

I'm just following up to confirm my request to change RSO's as been received?

Thank you,

Garret K. Gladsjo, PE  
Principal Engineer  
o: (907) 780-4004  
c: (360) 631-6421  
[garret@proHNS.com](mailto:garret@proHNS.com)  
[www.proHNS.com](http://www.proHNS.com)



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**From:** Garret Gladsjo  
**Sent:** Tuesday, October 27, 2020 7:43 AM  
**To:** [latischa.hanson@nrc.gov](mailto:latischa.hanson@nrc.gov)  
**Cc:** Chris Bydlon <[chris@prohns.com](mailto:chris@prohns.com)>  
**Subject:** proHNS Request for License No. 50-35540-01 Amendment

Hello Ms. Hanson,

I'm writing to formally request an amendment to the subject license for proHNS LLC. RSO Randy Crum is no longer with the company, so we have asked Christopher Bydlon to take on the role on behalf of proHNS. Attached is the RSO assignment letter and Troxler Training Certificate.

I am still one of the company RSO's responsible for the program so there will be no coverage gap in RSO duties.

Let me know if you need anything further at this time.

Thank you,



Garret K. Gladsjo, PE  
Principal Engineer/Radiation Safety Officer

o: (907) 780-4004

c: (360) 631-6421

[garret@proHNS.com](mailto:garret@proHNS.com)

[www.proHNS.com](http://www.proHNS.com)





**ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE**

<b>Name and Address of Applicant and/or Licensee</b>  Garret K. Gladsjo, PE Manager/Executive Officer proHNS LLC P.O. Box 33322 Juneau, AK 99803	<b>Date</b> 01/06/2021
	<b>License Number(s)</b> 50-35540-01
	<b>Mail Control Number(s)</b> 624191
	<b>Licensing and/or Technical Reviewer or Branch</b> C. Hill

This is to acknowledge receipt of your:  Letter and/or  Application Dated: 10/23/2020

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) 200-1103 or (817) 200-1140**

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: 06/30/2034  
Fee Comments:  
Decom Fin Assur Reqd: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: proHNS LLC  
Received Date: 01/06/2021  
Docket Number: 3039166  
Mail Control Number: 624191  
License Number: 50-35540-01  
Action Type: Amendment

#### 2. FEE ATTACHED

Amount:       N/A      

Check No.:       N/A      

#### 3. COMMENTS

Signed:       Carol L. Hill      

Date:       01/06/2021      

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

Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3039166 LICENSE NUMBER: 50-35540-01 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 624191 RECEIPT DATE: 01/06/2021 ACTION TYPE: Amendment

DUE DATE: 04/06/2021 INST. CODE: 35540 LICENSE REGION: Region 4

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

ISSUE DATE: ORIGINAL DATE: 06/13/2019 EXPIRATION DATE: 06/30/2034

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

LICENSEE NAME: proHNS LLC DECOM FIN ASSUR REQD: N  
SUBM: N

MAILING ADDRESS LINE1: P.O. Box 33322 CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Juneau STATE: AK ZIP: 99803

CONTACT PERSON: PREFIX: FIRST NAME: Garret MIDDLE INITIAL: K.

LAST NAME: Gladsjo SUFFIX: PE

JOB TITLE: Manager PHONE: 907-780-4004 FAX: EMAIL: garret@proHNS.com

BILLING ADDRESS LINE 1:

BILLING ADDRESS LINE 2:

CITY: STATE: Alaska ZIP:

BILLING CONTACT PERSON: FIRST NAME: MIDDLE INITIAL: LAST NAME:

PHONE: EMAIL: FAX:

PRIMARY PGM CODE: 03121 SECONDARY PGM CODE:

INSPECTION REGION: Region 4 PRIORITY: 5

RSO: PREFIX: FIRST NAME: Randy MIDDLE INITIAL: G. LAST NAME Crum

SUFFIX: RSO JOB TITLE: Radiation Safety Officer

RSO PHONE: 541-280-3958 RSO FAX: RSO EMAIL: randy@proHNS.com

STATES WHERE USE IS AUTHORIZED: 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):