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JUN - 1 2012

DNMS



500 108th Ave. NE Suite 1740
Bellevue, Washington 98004
(425) 827-3193
Fax (425) 576-5113

P.O. Box 32159
Juneau, Alaska 99801
(907) 780-5145
Fax (907) 780-5896

P.O. Box 7038
Ketchikan, Alaska 99901
(907) 225-6491
Fax (907) 225-6492

May 29th, 2012

Roberto Torres
U.S. Nuclear Regulatory Commission, Region IV
Texas Health Resources Tower
612 E. Lamar Blvd., Suite 400
Arlington, TX 76011-4125

Dear Roberto,

Per the terms of our current NRC Materials Permit No. 50-29231-01, Secon would like to amend condition no.10a of our Materials license.

Our current NRC Materials License states that "Licensed material may be used or stored at the licensee's facilities located at 5737 Glacier Highway, Juneau, AK". For security purposes, Secon would like to amend our NRC permit to allow our Juneau based densometers to be stored nearer to our office location approx. 1/2 mile from the current storage area at 5737 Glacier Highway.

The new storage location consists of a locking insulated container with floor bolted locking steel boxes for the densometer cases. The nearest office or residence is approx. 95ft from the proposed storage area. The proposed storage address is as follows:

1836 Anka St.
Juneau, AK 99801

Thanks for your consideration.

Zack Worrell
Radiation Safety Officer
Cell: (907) 209-5875
Phone: (907) 780-5145
Fax: (907) 780-5896

h 577646



DATE
06/13/2012

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Colaska dba SECON Southwest Alaska
ATTN: Zachary Worrell
Radiation Safety Officer
5322 Shaune Drive
P.O. Box 32159
Juneau, AK 99801

LICENSE NUMBER

50-29231-01

MAIL CONTROL NUMBER

577646

LICENSING AND/OR TECHNICAL REVIEWER

cmurnahan *cm*

This is to acknowledge the receipt of your:

LETTER and/or APPLICATION DATED: 05/29/2012

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 fill out NRC Form 531, located at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted separately if there is a fee issue involved.

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

*E-mailed to licensee
6-13-12 cm*

BETWEEN:
Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

Program Code: 03121
Status Code: Pending Amendment
Fee Category: 3P
Exp. Date: 06/30/2016
Fee Comments:
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: COLASKA DBA SECON SOUTHWEST ALASKA
Received Date: 06/01/2012
Docket Number: 3037206
Mail Control Number: 577646
License Number: 50-29231-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Colleen Munnahan

Date: _____

6-7-2012

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: _____



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Ketchikan, AK 99901

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Roberto Torres
US. NRC, Region 4
Texas Health Resources Tower
612 E. Lamar Blvd. Suite 400
Arlington, TX 76011-4125

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