

818-898-2361 FAX 818-361-8095

January 28, 2000

Ms. Christi Hernandez/ Ms. Billie Gruszynski U.S. N. R. C. - Region IV DNMS/NMLB - ATTN: RECIPROCITY 611 Ryan Plaza Drive, Ste 400 Arlington, TX 76011-8064

JAN 2 8 2000

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Ref.: Notification of Proposed Activities in Non-Agreement State, State of California Lic. No. 1777-19, Amendment # 76/Limely Renewal

Dear Ms. Hernandez or Ms. Gruszynski:

Please be advised that we shall be conducting a service call at the following facility, February 1, 2, 2000, technician Terry Stout.

Location: U.S. Army, Aberdeen Proving Grounds, MD, US Army Combat Test Activity. We shall perform preventative maintenance service for the Model 109 Irradiator, S/N 3006, w/24,000Ci Co-60 as of April 9, 1990, Source S/N 2412-1 thru 40, on February 1st.

Location: U.S. Army, Abordeen Proving Grounds, MD, US Army Combat Test Activity. We shall perform preventative maintenance service for the Model 81 Beam Calibrator, S/N 5070 w/130Ci Cs-137, S/N S-10 and 130mCi Cs-137 S/N 74-163, as of October 23, 1979, on February 2nd.

This facility is on our list.

If you require additional information, please do not hesitate to contact us.

Very troly yours,

J. L. SHEPHERD & ASSOCIATES

Lee Weiss

Contract Administrator

gnature

M. C. Hernandez Radiation Specialist

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UNITED STATES

NUCLEAR REGULATORY COMMISSION

REGION IV

611 RYAN PLAZA DRIVE, SUITE 400 ARLINGTON, TEXAS 76011-8064

JAN 28 2000

MEMORANDUM	Shirley Crutchfield License Fee & Accounts Receivable Branch (T9 E10)
FROM:	Christi Hernandez Nuclear Materials Licensing Branch, Region IV \mathcal{MCH} .

SUBJECT: FEE TRANSMITTAL

- A. <u>Region IV</u>
 - 1. NRC FORM 241 ATTACHED

Applicant/Licensee:

NRC Form 241 Dated:

Agreement State License:

Program Code(s):

2. <u>REVISION ATTACHED</u>

Licensee:

Agreement State License:

3. CLARIFICATION ATTACHED Licensee: J. L. Shepherd & Ossociates Agreement State License: CA 1777-19

4. FEE ATTACHED Amount: \$

Check: #

5. <u>COMMENTS</u>

B. LICENSE FEE & ACCOUNTS RECEIVABLE BRANCH

- 1. Fee Category and Amount: ____
- 2. Correct Fee Paid. Submittal may be processed for:

General License

Revision

Signed

Date