NRC FORM 241 (7-1999) U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 07/31/2002
Estimated burden per response to comply with this mandatory collection request: 15 minutes. This notification is required so that NRC may schedule inspection of the activities to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Send comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS

(Please read the instructions before completing this form)

1. NAME OF LICENSEE *(Person or firm proposing to conduct the activities described below)*: CODE SERVICES

2. TYPE OF REPORT: ☐ INITIAL ☑ REVISION ☐ CLARIFICATION

3. ADDRESS OF LICENSEE *(Mailing address or other location where licensee may be located)*: 26412 OLD HWY 20, MADISON, AL 35756

4. LICENSEE CONTACT AND TITLE: CHRIS CHANDLER, RSO

5. TELEPHONE NUMBER *(Include Area Code)*: (256)340-1117

6. FACSIMILE NUMBER *(Include Area Code)*: (256)340-1134

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

☐ WELL LOGGING ☐ LEAK TESTING AND/OR CALIBRATIONS ☐ TELETHERAPY/IRRADIATOR SERVICE

☐ PORTABLE GAUGES ☐ OTHER (Specify) ⇒

☒ RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE: Raytheon Constructors, Bldg 57-210 Webster Rd, Pine Bluff AR 71602

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION *(Street and Number or other location. Give as complete an address or directions as possible.)*: Pine Bluff Arsenal, Pine Bluff, AR 71602

10. CLIENT TELEPHONE NUMBER *(Include Area Code)*: 870-850-1705

11. WORK LOCATION TELEPHONE NUMBER *(Include Area Code)*: 870-850-1705

12. DATES SCHEDULED FROM	TO	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
9.26.00	9.27.00	2			NUMBER TO BE ASSIGNED BY NRC: 001121

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED *(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)*

IR 192 Spec Spec-150 S/N GB0303 347 78 ci

18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9. ABOVE. *(Four copies of the specific license must accompany the initial NRC Form 241.)*

LICENSE NUMBER	STATE	EXPIRATION DATE
1075	AL	12-31-02

19. CERTIFICATION *(MUST BE COMPLETED BY APPLICANT)*

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

a. All information in this report is true and complete.

b. I have read and understand the provision of the general license 10 CFR 150.20 reprinted on the instructions of this form; and I understand that I am required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use in non-Agreement States or offshore waters under the general license for which this report is filed with the U.S. Nuclear Regulatory Commission.

c. I understand that activities, including storage, conducted in non-Agreement States under general license 10 CFR 150.20 are limited to a total of 180 days in calendar year, with the exception of work conducted in off-shore waters, which is authorized for an unlimited period of time in the calendar year.

d. I understand that I may be inspected by NRC at the above listed work site locations and at the Licensee home office address for activities performed in non-Agreement States or offshore waters.

e. I understand that conduct of any activities not described above, including conduct of activities in states or locations different from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.

CERTIFYING OFFICER - RSO or Management Representative *(Name and Title)*	SIGNATURE	DATE
CHRIS CHANDLER, RSO	Chris Chandler	9/20/00

WARNING: False statements in this certificate may be subject to civil and/or criminal penalties. NRC regulations require that submissions to the NRC be complete and accurate in all material respects. 18 U.S.C. Section 1001 makes it a criminal offense to make a willfully false statement or repres[illegible] ney of the United States as to any matter within its jurisdiction.

FOR NRC USE ONLY	REVI[illegible]	[illegible]	SIGNATURE	DATE	TOTAL USAGE - DAYS TO DATE
	D. M. Heim LA/DNMS		Dan Heim	9/20/00	9/20/00

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USNRC Region II - Atlanta GA FAX (404) 562-4955 / VERIFY (404) 562-4120
ent By: CODE SERVICES; 2563401134; Sep-20-00 1:05PM; Page 1/1

Code Quality Services

FAX

26412 OLD HIGHWAY 20
MADISON, AL 35756
PHONE: 256-340-1117
FAX: 256-340-1134

To:	Diane Heim	From:	Lynn Terry
Fax:	(404) 562-4955	Pages:	(2) Includes Cover Page
Phone:	(404) 562-4955	Date:	September 20, 2000
Re:	Additional location	CC:	

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

● Comments

Diane,

Following please find a copy of the check we are sending out today for the additional location of Pine Bluff Arsenal in Pine Bluff Arkansas. Should you require additional information, please give me a call. Thanks for your help in this matter.

Sincerely,

Lynn Terry

Administrative Manager

REGION II
Calendar Year 2000

TRANSMITTAL FOR NRC FORM 241 & REVISION SUBMITTALS

9/25/00

[ ] INITIAL 241 PACKAGE LRN _____

[✓] REVISION LRN 001131

[ ] CLARIFICATION LRN _____

LICENSEE NAME : Code Services

LICENSE STATE : AR NUMBER : 1075

CHECK NO: 014083

CHECK AMOUNT: $ 200.00

FORWARDED BY: Janice Kirby

		Initial	Revision	Clarification
includes:	Form 241	✓	☐	☐
	Fee	✓	☐	
	License Copy	✓		

LICENSE FEE & ACCOUNT RECEIVABLE BRANCH

1. Fee Category and Amount: _____

2. Correct Fee Paid. Submittal may be processed for:

General License _____

Revision _____

Signed _____ Date _____