

NRC FORM 241 (7-1995) 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-8 E5), 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)
PERKIN ELMER INST (FORMALLY EG&G BERTHOLD)

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
**100 MIDLAND RD
OAK RIDGE, TN 37831**

4. LICENSEE CONTACT AND TITLE
MARK MORGAN (RSO)
5. TELEPHONE NUMBER (Include Area Code) **865-483-2226**
6. FACSIMILE NUMBER (Include Area Code) **865-481-2432**

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20
 WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS THERAPY/IRRADIATOR SERVICE
 PORTABLE GAUGES OTHER (Specify) **⇒ LEVEL SYSTEM INSTALLATION**
 RADIOGRAPHY **⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) 3 EA**

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
**FRASIER PAPERS
200 N. FIRST STREET
PARK FALLS, W.V. 54552**

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)
SAME
CONTACT: MIKE MCKUEN
10. CLIENT TELEPHONE NUMBER (Include Area Code) **715-762-5254**
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
10-9-00	10-11-00	3			001140

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED REPRESENTATIVE: Tm 6000
(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)
**2 LEVEL SYSTEMS LB300L ROD SHIELDING 1.1 mCi 60-60
1 LEVEL SYSTEM LB300L ROD SHIELDING 1.1 mCi 60-60**

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 this specific license must accompany the initial NRC Form 241.)
LICENSE NUMBER **R-01082-002** STATE **TN** EXPIRATION DATE **4-30-02**

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 on dates 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) **MARK MORGAN (RSO)** SIGNATURE *[Signature]* DATE **10-6-00**

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 representation to any department or agency of the United States as to any matter within its jurisdiction.

FOR NRC USE ONLY REVIEWING OFFICIAL (Typed/Printed Name and Title) **Jay L. Henson, Chief, MLTB** SIGNATURE *[Signature]* DATE **10/10/00** TOTAL USAGE - DAYS TO DATE **27**
NRC FORM 241 (7-1995) PRINTED ON RECYCLED PAPER



formerly **EG&G Berthold**

PerkinElmer Instruments
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Oak Ridge, TN 37831-0895 USA
Phone: 865-483-2118
Fax: 865-481-2432
www.perkinelmer.com
www.berthold-us.com

FAX

ATTN.:	Ms. Diane Heim	FAX-NO.:	404-562-4955
COMPANY:	NRC	DATE:	10/6/00
CC:		OUR REF #:	
FROM:	Mark Morgan (Alt) RSO	PAGE(s) including cover	3
SUBJECT:	<i>Reciprocity Request</i>		

Dear Ms. Heim

Attached is a completed NRC Form 241 requesting reciprocity of our radioactive Materials License for work at Frasier Papers starting on 10-9-00. Mr. Tim Good of Systems Service Corporation will be performing the startup and General License training. I am also sending a copy of a response from David Collins on our last reciprocity request. I asked to reschedule for a different date. Now the customer wants to post phone indefinitely. What I am wondering is whether we can use the \$200-00 reciprocity fee I sent in for this request? If not, just let me know and will get a check cut right away.

If you need anymore information, please contact me.

Best regards,


Mark Morgan RSO
Berthold Process Instruments
US Operations
Direct Telephone 865-483-2226



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formerly **ESSS Berthold**

PerkinElmer Instruments
 801 South Illinois Avenue
 Oak Ridge, TN 37831-0895 USA
 Phone: 865-483-2118
 Fax: 865-481-2432
www.perkinelmer.com
www.berthold-us.com

FAX

ATTN:	T.R. Decker Chief, MLIB1	FAX-NO.:	404-562-4955
COMPANY:	NRC	DATE:	9/26/00
CC:		OUR REF #:	
FROM:	Mark Morgan (Alt) RSO	PAGE(s) including cover	2
SUBJECT:	Reciprocity Request		

Dear T.R. Decker,

I received your reply for our reciprocity request for Advanced Glassfiber Yama and you assigned # 001140. I also have the check for the reciprocity fee and I'm prepared to send it to you. But now we have a problem! The customer has cancelled our visit and wants to reschedule within the next two weeks. There is not much we can do about this, because if the customer is not ready, there is not much we can do on site.

I am including a copy of NRC Form 241 that you faxed to me on Monday and would like you advise me on how to handle this matter from here. My phone # and email address are listed below.

Best regards,

Mark Morgan
 (ALT) RSO
 Berthold Process Instruments
 Email Mark_Morgan@perkinelmer.com
 Direct Telephone 865-483-2226

Work dates deleted. Please send clarification on NRC Form 241 when rescheduled. Use the LRN 001140 and the new NRC Form 241 sent.

*Thanks
 David J. Collins
 9/26/2000*

David J. Collins, Health Physicist
 Division of Nuclear Materials Safety
 USNRC Region II