



FACSIMILIE

DOMESTIC PHONE# (800) 225-1383 INTERNATIONAL (781) 272-2000
FAX # (781) 359-9191

FAX TO: Cheryl Vallaro (Reciprocity)

FAX FROM: Christy L. Paquin

Page 1 of 2

FAX #: (610) 337-5393

DATE: July 5, 2001

SUBJECT: Reciprocity

Ms. Vallaro:

I am faxing a reciprocity request per our telephone conversation. A customer from Saudi Arabia sent a 650L source changer back to us and the transportation company mistakenly sent it to Burlington, VT instead of Burlington, MA. We have reviewed the paperwork that accompanied the shipment and it seems to be contradictory as to whether the device is empty or loaded with a 35 Ci Ir-192 source. We would like to have our distribution supervisor ensure that it was prepared for shipment properly. He will then transport it back to our facility in Burlington, MA. We do not know at this time where in Burlington, VT that the device is located. We hope to do this on Monday, July 9, 2001 but it has not been officially scheduled. I will contact you as soon as more information becomes available and if there are any problems or if you require any additional information please contact me at (781) 505-8236.

Thank you,
Christy Paquin

7-1399

U.S. NUCLEAR REGULATORY COMMISSION

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

(Please read the instructions before completing this form)

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 (7-6 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.

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

AEA Technology

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)

40 North Ave
Burlington, MA 01803

2. TYPE OF REPORT

☐ INITIAL ☐ REVISION ☒ CLARIFICATION

4. LICENSEE CONTACT AND TITLE

Christy Paquin, Health Physicist

5. TELEPHONE NUMBER
(Include Area Code)

(781) 505-8236

6. FACSIMILE NUMBER
(Include Area Code)

(781) 359-9191

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) ⇒

Prepare pkg for shipment

☐ RADIOGRAPHY ⇒

REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE

AEA Technology
40 North Ave
Burlington, MA 018039. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION
(Street and Number or other location. Give as complete an address or directions as possible.)TBA
Burlington, VT10. CLIENT TELEPHONE NUMBER
(Include Area Code)11. WORK LOCATION TELEPHONE NUMBER
(Include Area Code)

12. DATES SCHEDULED

FROM

9 Jul 01

TO

9 Jul 01

13. NUMBER OF
WORK DAYS

1

14.
ADD15.
DELETE16. LOCATION
REFERENCE NUMBERNUMBER TO BE
ASSIGNED BY NRC

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)

1 source changer model 650C containing ~35Ci of Ir-192

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

12-8361

STATE

MA

EXPIRATION DATE

31 May 05

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

- I, THE UNDERSIGNED, HEREBY CERTIFY THAT:
- All information in this report is true and complete.
 - 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.
 - 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.
 - 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.
 - 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)

Christopher B. Martel RSO

SIGNATURE

Christopher B. Martel

RSO

DATE

5-July-01

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)

SIGNATURE

DATE

TOTAL USAGE -- DAYS TO DATE

NRC FORM 241 (7-1999)

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1-800-815-1383