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REGION I

2001 SEP -7 AM 9:29

AEA Technology
QSA Inc.

40 North Avenue
Burlington, MA 01803
Telephone (781) 272-2000
Telephone (800) 815-1383
Facsimile (781) 273-2216

September 6, 2001

Licensing Assistance Section
Nuclear Materials Safety Branch
U. S. Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

Dear Ms. Henderson:

I am sending the original copies of Form 241 to request reciprocity under our State of Massachusetts radioactive materials license number 12-8361. These were originally faxed to you on September 6, 2001. The work is to be performed on September 19 & 20, 2001 at Precision Calibration & Testing and Precision Components respectively. Should you have any questions or require additional information regarding this matter, please contact me at (781) 505-8236.

Sincerely,

A handwritten signature in cursive script that reads "Christy L. Paquin".

Christy L. Paquin
Health Physicist

Enclosure

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)
AEA Technology

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
**40 North Ave
Burlington, MA 01803**

4. LICENSEE CONTACT AND TITLE
Christy Pagum, Health Physicist

5. TELEPHONE NUMBER (Include Area Code)
(781) 472-2000 x236

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) ⇒ **Inspection/Maintenance**

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

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
**Precision Calibration & Testing
3799 Concord Road
York, PA 17402**

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)
**3799 Concord Road
York, PA 17402**

10. CLIENT TELEPHONE NUMBER (Include Area Code)
(717) 840-4994

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
(717) 840-4994

12. DATES SCHEDULED

FROM	TO	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
Sep 19, 2001	Sep 19, 2001	1			000404

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.)

2 model 660A radiography devices containing less than ^{6 Sep 01} 120 Ci of Ir-192 each
1 model 680A radiography device containing less than 110 Ci of Co-60
1 model 773 calibration device containing less than 165 mCi of Cs-137

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: **May 31, 2005**

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) SIGNATURE DATE

Christopher B. Martel RSO **Christopher B. Martel** **6-Sept-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

John McSwath **John McSwath** **9/13/01** **4**

50 9/12/01

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- LEAK TESTING AND/OR CALIBRATIONS
- TELETHERAPY/IRRADIATOR SERVICE
- PORTABLE GAUGES
- OTHER (Specify) ⇒ **Inspection/Maintenance**
- RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
**Precision Components
500 Lincoln Street
York, PA 17404**

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)
**500 Lincoln Street
York, PA 17404**

10. CLIENT TELEPHONE NUMBER (Include Area Code)
(717) 848-1126 x222

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
(717) 848-1126 x222

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				
Sep 20, 2001	Sep 20, 2001	(1)			000397

17. 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.)
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1 model 680A radiography device containing less than 110 Ci of Co-60
1 model 684 radiography device containing less than 5 Ci of Co-60
1 model 723 calibration device containing less than 105 mCi of Cs-137

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Christopher B. Martel RSO **Chris B. Martel** **6-Sept-01**

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FOR NRC USE ONLY	REVIEWING OFFICIAL (Typed/Printed Name and Title)	SIGNATURE	DATE	TOTAL USAGE -- DAYS TO DATE
				5

⑤ 9/12/01