

NRC FORM 241 (7-1989)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013  
Estimated burden per response to comply with this mandatory request: 15 minutes. This notification is required so the schedule inspection of the activities to ensure that they are in accordance with requirements for protection of the public safety. Send comments regarding burden estimate to the Management Branch (7-6 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20535-0001, or by internal e-mail to bjs 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, NRC may not conduct or sponsor, and a person is not 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 HIGHWAY 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) **256-340-1133**

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20  
 WELL LOGGING  LEAK TESTING AND/OR CALIBRATIONS  TELETHERAPY/RADIATOR SERVICE  
 PORTABLE GAUGES  OTHER (Specify)  $\Rightarrow$   
 RADIOGRAPHY  $\Rightarrow$  REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE  
**Gulf States, Inc  
240 Cahaba Valley Pkwy  
Pelham AL 35124**

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible)  
**Gulf States, Inc  
Anniston Army Depot  
Anniston Army Facility**  
10. CLIENT TELEPHONE NUMBER (Include Area Code) **256-527-6574**  
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) **256-240-2381**

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				
11/1/01	11/2/01	2			001040

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 5-16 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 Amersham 660B SN 01314B B2832 58 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 calendar 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 - ASO or Management Representative (Name and Title) **CHRIS CHANDLER, RSO** SIGNATURE *[Signature]* DATE **10-30-01**

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	Janice H. Kirby Licensing Assistant	SIGNATURE	DATE	TOTAL USAGE - DAYS TO DATE
		<i>[Signature]</i>	10/30/01	165

USNRC Region II - Atlanta GA FAX (404) 562-4955 / VERIFY (404) 302-7120