



26412 OLD HIGHWAY 20
MADISON, AL 35758
PHONE: 256-340-1117
FAX: 256-340-1134

FAX

To: JANICE KIRBY/NRC	From: Chris Chandler
Fax: 404-562-4955	Pages: (2) Includes Cover Page
Phone: 404-562-4719	Date: 12/11/01
Re:	C.C.
<input type="checkbox"/> Urgent <input type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle	
● Comments	

SAME DATE- SAME JOB – DIFFERENT SOURCE

USNRC REG 2 LIC/INSP FAX 1404-562-4955

Oct 6 '99 10:53 P.01

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)

1. NAME OF LICENSEE (Print or type clearly in block letters on one line only)

CODE SERVICES

2. ADDRESS OF LICENSEE (Print or type clearly in block letters on one line only)

26412 OLD HIGHWAY 20
MADISON, AL 35756

3. TYPE OF REPORT
 INITIAL REVISION CLAIM

4. LICENSEE CONTACT AND TITLE
CHRIS CHANDLER, RSO

5. TELEPHONE NUMBER
256-340-1117

6. TELETYPE NUMBER
256-340-1117

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE EXEMPT IN 10 CFR 148.6

- WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETYPE/RADIATOR SERVICE
- PORTABLE GAUGES OTHER (Specify) →
- RADIOGRAPHY → REFERRED AS USER OF PACKAGING CERTIFICATE OF COMPLIANCE (RACON)

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

M.D. Mechanical
Redstone Arsenal, AL

9. ACTUAL GENERAL LICENSE NUMBER

Along Martin Rd. in front of
Bldg # 4505
Jacksonville, FL 32208

12. DATE OF SUBMITTAL

12-11-01
~~12-9-01~~

13. NUMBER OF WORK DAYS

12-11-01
12-8-01

14. STATE

AL

15. COUNTY

Madison

16. LICENSE NUMBER

0006

17. LIST ADDITIONAL WORK SITES OR LOCATIONS EMPLOYED TO INCLUDE ALL DESIGNATION CONTAINED IN ITEMS 8-16 ABOVE

18. LIST CONTRACTOR INFORMATION (Name, address, city, state, zip, phone, or fax number, or other means of contact, or other information)

TR 102 Amersham Lab S/N 013132 B3414 40. ci

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 provisions of the general license of 10 CFR 148.6 and the instructions of this form; and I understand that I am required to comply with these provisions as to all byproduct, source, or special source material which I possess and use in non-agreement states, areas of exclusive federal jurisdiction, or offshore waters under the general license of which this report is filed with the U.S. Nuclear Regulatory Commission.
c. I understand that activities, including storage, conducted by non-agreement states under general license of 10 CFR 148.6 are limited to a total of 10 calendar years, with the obligation of work completion in calendar years, which is interrupted for an unlimited period unless 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 content of any activities submitted above, including content of reports or data, is not to be released different from other data, reports, or information submitted, and may require me to submit more information, including data, if requested.

CHRIS CHANDLER, RSO

Chris Chandler 12/8/01

FOR NRC USE ONLY
Janice H. Kirby
Licensing Assistant

Janice Kirby 12/8/01

Page 1/1 000-8-01 10:47AM

2563401134

Page 2/2 000-7-01 1:48PM

2563401134

Page 2/2 Dec-10-01 10:53AM

2563401134

USNRC Region II - Atlanta GA FAX (404) 562-4955; VERIFY (404) 562-4955

USNRC REG 2 Lic/Insp Fax: 404-562-4955

Oct 6 '99 10:53 P.

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)

1. NAME OF LICENSEE (Print or type name of person or entity to which license is issued)

2. TYPE OF REPORT

INITIAL REVISION CHANGE

3. CODE SERVICES

4. ADDRESS OF LICENSEE (Print or type address of person or entity to which license is issued)

26412 OLD HIGHWAY 20
MADISON, AL 35798

5. LICENSE NUMBER (Print or type license number)

6. EXPIRATION DATE (Print or type expiration date)

756-240-1117 756-240-1117

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN BY 10 CFR 190.60

WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/RADIATOR SERV

PORTABLE GAUGES OTHER (Specify) →

RADIOGRAPHY →

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

Mi. Mechanical
Redstone Arsenal, AL

9. OFFICE, PROJECT, ADDRESS OF WORK LOCATION (Print or type office name, city, state, and address or location)

Along Martin Rd. in front of Bldg 24505
JUNCTION Pkwy - Bldg 2400

10. DATES SCHEDULED	11. NUMBER OF WORK DAYS	12. ADO	13. DELAY	14. COMMENTS
12-11-01 12-8-01	12-11-01 12-8-01			0000

15. LIST ADDITIONAL WORK SITES ON SEPARATE SHEETS TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-14 ABOVE

TR 102 Amersham Lab SIN 07552-B3414

16. LICENSEE SIGNATURE (Print or type name of licensee)

17. EXPIRATION DATE (Print or type expiration date)

1075 AT 12-31-01

18. 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 or 10 CFR 190.60 regarding the instructions of this form, and I understand I am required to comply with those provisions as to all products, methods, or special nuclear material which I possess and use in non-agreement states 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 of 10 CFR 190.60 are limited to a total of 100 man-years with the exception of work conducted in offshore waters, which is authorized for an unlimited period unless in the subject.
- I understand that I may be inspected by NRC at the above listed work site locations and at the licensee's office address for activities in non-agreement states or offshore waters.
- I understand that conduct of any activities not described above, including conduct of activities on other licensee's property, may subject me to enforcement action, including civil or criminal penalties.

19. LICENSEE SIGNATURE (Print or type name of licensee)

20. DATE (Print or type date)

CHRIS CHANDLER, RSO 12/8/01

21. SIGNATURE (Print or type name of licensee)

22. DATE (Print or type date)

2563401134; 2563401134; 2563401134; 2563401134

USNRC Region II - Atlanta GA FAX (404) 562-4955 / VERIFI (404) 562-4955

FOR NRC USE ONLY

Janice H. Kirby
Licensing Assistant

Dec-11-01 8:55AM
Dec-7-01 1:48PM
Dec-5-01 10:47AM

2563401134; 2563401134; 2563401134; 2563401134

BY: CODE SERVICES
BY: CODE SERVICES
BY: CODE SERVICES