USNRC Region II - Atlanta GA FAX (404) 562-4955 / VERIFY (404) 562-4723

NRC FORM 241 (7-1999) 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: 7/31/2002
Estimated burden per response to comply with this mandatory collection request: 15 minutes. This information is required so that NRC may schedule inspection of the licensee to ensure that they are operating 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 mail to bjs@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 covered by this form)
SPACE SCIENCE SERVICES, INC.

2. TYPE OF REPORT
☐ INITIAL ☐ REVISION ☒ CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other address for which inspections may be scheduled)
140 SOUTHGATE ROAD
DOTHAN, ALABAMA 36301

4. LICENSEE CONTACT AND TITLE
NINA WALKER

5. TELEPHONE NUMBER (Include Area Code)
334-677-8565

6. FACSIMILE NUMBER (Include Area Code)
334-677-9505

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

☐ WELL LOGGING ☐ LEAK TESTING AND/OR CALIBRATIONS ☐ TELETHERAPY OR RADIATOR SERVICE

☐ PORTABLE GAUGES ☐ OTHER (Specify) ⇒

☒ RADIOGRAPHY ⇒ ASSOCIATED AS USED OR PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CUSTOMER NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
BELL COMPANY
1340 LEXINGTON AVENUE
ROCHESTER, NEW YORK 14606

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number of field location. Give as definitive an address or direction as possible.)
NAVY FUEL DEPOT
JACKSONVILLE, FLORIDA

10. CUSTOMER TELEPHONE NUMBER (Include Area Code)
904-757-2191

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
904-757-2191

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
01/05/02	01/05/02	1			000 212

USE ADDITIONAL WORK SITE ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.

17. LIST RADIOACTIVE MATERIAL WHICH WILL BE PRESENT, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, device number, or identification by serial)
IRIDIUM 192, 50-100 CURIES SEALED SOURCE
IR-100 PROJECTOR, INDUSTRIAL NUCLEAR COMPANY

18. NRC/AGREEMENT STATE REGISTRY OF PERSONS WHOSE AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE BASIS FOR THIS REPORT FOR LOCATION OF USE AS SPECIFIED IN ITEM 9 ABOVE. (Four copies of the specific licenses must accompany the filing form 241)

LICENSE NUMBER	STATE	EXPIRATION DATE
217	AL	MAY 31, 2004

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 bases 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 in locations different from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.

CERTIFYING OFFICER - ABC or Management Representative (Name and Title)	SIGNATURE	DATE
DONALD A. GEIGER, P.E., PRESIDENT	Donald A. Geiger	1-2-02

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 (Name and Title)	SIGNATURE	DATE	TOTAL HOURS - DATE TO DATE
	David L. Collins, Health Physicist	David L. Collins	1/4/2002	1

NRC FORM 241 (7-1999) Division of Nuclear Materials Safety USNRC Region II PRINTED ON RECYCLED PAPER