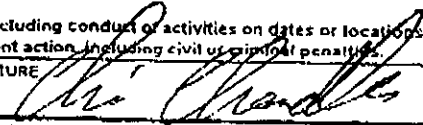
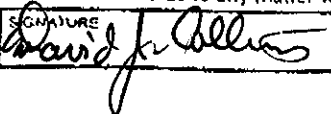


Emergency Call-Out

FAX (404) 562-4955 / VERIFY (404) 562-4719

USNRC REGION II - ATLANTA GA

NRC FORM 241 <small>(7-1999)</small>		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013		EXPIRES: 07/31/02	
<p align="center">REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</p> <p align="center"><i>(Please read the instructions before completing this form)</i></p>							
1. NAME OF LICENSEE <small>(Person or firm proposing to conduct the activities described below)</small> CODE SERVICES				2. TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION			
3. ADDRESS OF LICENSEE <small>(Mailing address or other location where licensee may be located)</small> 26412 OLD HWY 20 MADISON, AL 35756				4. LICENSEE CONTACT AND TITLE CHRIS CHANDLER, RSO			
				5. TELEPHONE NUMBER <small>(Include Area Code)</small> 256-340-1117		6. FACSIMILE NUMBER <small>(Include Area Code)</small> 256-340-1134	
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20							
<input type="checkbox"/> WELL LOGGING <input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELETHERAPY/RADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) \Rightarrow _____ <input checked="" type="checkbox"/> RADIOGRAPHY \Rightarrow REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBERS)							
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE BE & K / WESTINGHOUSE ANNISTON ARMY DEPOT GATE 5A, MORRISVILLE RD. BYNUM, AL 36253				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION <small>(Street and Number or other location. Give as complete an address or directions as possible.)</small> SAME			
				10. CLIENT TELEPHONE NUMBER <small>(Include Area Code)</small> 256-240-2281		11. WORK LOCATION TELEPHONE NUMBER <small>(Include Area Code)</small> same	
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER		
FROM	TO	3			NUMBER TO BE ASSIGNED BY NRC 000 185		
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 <small>(include description of type and quantity of radioactive material, stated sources, or devices to be used.)</small> IR-192 Amerham 660B B2444 S/NS4843 62.3 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. <small>(Four copies of the specific license must accompany the Initial NRC Form 241.)</small>				LICENSE NUMBER 1075	STATE AL	EXPIRATION DATE 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 160 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 - RSO or Management Representative (Name and Title) CHRIS CHANDLER, RSO				SIGNATURE 		DATE 8/14/02	
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 (Typed Printed Name and Title) David J. Collins, Health Physicist Division of Nuclear Materials Safety USNRC Region II		SIGNATURE 		DATE 8/14/2002	TOTAL USAGE - DAYS TO DATE 172