



26412 OLD HIGHWAY 20  
MADISON, AL 35756  
PHONE: 256-340-1117  
FAX: 256-340-1134

# FAX

To: JANICE KIRBY / NRC From: Michelle Chandler

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Fax: 404-562-4955 Pages: ( 2 ) Includes Cover Page

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Phone: 404-562-4719 Date: 7/11/02

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Re: C.C.

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Urgent  For Review  Please Comment  Please Reply  Please Recycle

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● Comments

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BROWN MECHANICAL CANCELLED FOR FRIDAY - 7/12/02

HAVE A GOOD DAY ☺

*JKC 7/11/02*

NRC FORM 741  
(7-1995)

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  
When this form is required to be completed by the licensee, the licensee is required to file this information with the NRC. The information is required to be filed with the NRC in order to ensure that the licensee is complying with the NRC's requirements. The information is required to be filed with the NRC in order to ensure that the licensee is complying with the NRC's requirements. The information is required to be filed with the NRC in order to ensure that the licensee is complying with the NRC's requirements.

1. NAME OF LICENSEE (Please use firm name) to conduct the activities described below  
**CODE SERVICES**

2. ADDRESS OF LICENSEE (mailing address or other location where licensed activity is performed)  
**26412 OLD HWY 20  
MADISON, AL 35756**

3. LICENSEE CONTACT AND TITLE  
**CHRIS CHANDLER, RSO**

4. TELEPHONE NUMBER (include Area Code)  
**256-340-1117**

5. FACSIMILE NUMBER (include Area Code)  
**256-340-1134**

6. TYPE OF REPORT  
 INITIAL  REVISION  CLARIFICATION

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 50.30  
 WELL LOGGING  LEAK TESTING AND/OR CALIBRATIONS  TELE THERAPY/IRRADIATOR SERVICE  
 PORTABLE GAUGES  OTHER (Specify) **⇒**  
 RADIOGRAPHY **⇒** REGISTERED AS USER OF PACKAGING CERTIFICATES OF COMPLIANCE NUMBERS

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE  
**BROWN MECHANICAL  
2610 3rd Ave. 80  
BIRMINGHAM, AL 35201**

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Client name and number or other location. Off-site completed at address or addresses, as possible.)  
**REDSTONE ARSENAL  
MILLS & MARTIN RD.  
VAN BRAUN COMPLEX**

10. CLIENT TELEPHONE NUMBER (include Area Code) **203-229-9496**

11. WORK LOCATION TELEPHONE NUMBER (include Area Code) **256-837-0221**

12. DATES SCHEDULED FROM **7/12/02** TO **7/12/02**

13. NUMBER OF WORK DAYS **1**

14. ADDITIONAL WORK SITES ON SEPARATE SHEETS TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 2-18 ABOVE.  
**10-341**

15. LIST RADIOACTIVE MATERIAL WHICH WILL BE PACKAGED, USED, INSTALLED, SERVICED, OR TESTED (include description of type and quantity or radioactive material, serial number, or source to be used)  
**IR-192 AMERSHAM 660B S/N 04688B B2832 64 ci.**

16. LICENSE NUMBER **1075** STATE **AL** EXPIRATION DATE **12-31-02**

17. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)  
I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- a. All information in this report is true and complete.
- b. I am familiar with the provisions of the general license 10 CFR 50.30 and understand the provisions 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 of off-shore 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 50.30 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.
- d. I understand that any activities not described above, including conduct of activities on dates or locations different from those described above, may subject me to enforcement action including civil or criminal penalties.

18. SIGNATURE OF APPLICANT (Print name and title)  
**CHRIS CHANDLER, RSO**

19. SIGNATURE OF NRC INSPECTOR (Print name and title)  
**JENNIFER H. KIRBY  
District Assistant**

20. DATE AND TIME  
**7/10/02**

21. TOTAL UPDATES DATA TO DATE

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

USNRC, Region II - Atlanta GA