

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 07/31/2007
 Estimated burden per response to comply with this mandatory collection request: 15 minutes. This notification is required so that NRC may schedule inspection of the activities to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Send comments regarding burden estimates to the Records Management Branch (T-6 F6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bje1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NE08-10202, (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.

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 HWY 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) **256-340-1134**

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20
 WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/IRRADIATOR SERVICE
 PORTABLE GAUGES OTHER (Specify) ⇒ _____
 RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBER(S)) _____

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
**WASHINGTON GROUP
 RAYTHEON CONSTRUCTORS
 BLDG. 57 - 210 WEBSTER RD.
 PINE BLUFF, AR 71602**

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and number or other location. Give as complete an address or directions as possible.)
**PINE BLUFF ARSENAL
 PINE BLUFF, AR 71602**
 10. CLIENT TELEPHONE NUMBER (include Area Code) **870-850-1705**
 11. WORK LOCATION TELEPHONE NUMBER (include Area Code) **SAME**

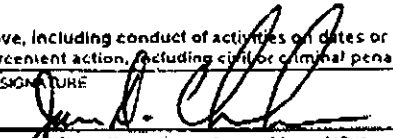
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
8/19/02	8/23/02	5			

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 (include description of type and quantity of radioactive material, sealed sources, or devices to be used.)
IR-192 AMERSHAM 660B B3410 S/N S4517 19.7 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 **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 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 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 **8/16/02**

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** SIGNATURE  DATE **8/16/2002** TOTAL USAGE - DAYS TO DATE **178**

USNRC Region II - Avanta GA FAX (404) 562-4955 / VERIFY (404) 662-4719

NRC FORM 241 (7-1996) 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 (Name of firm proposing to conduct the activity described below)
U.S. NUCLEAR REGULATORY COMMISSION

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address if other location where licensee may be located)
**26412 OLD HWY 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)
256-340-1134

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20
 WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELE THERAPY/IRRADIATOR SERVICE
 PORTABLE GAUGES OTHER (Specify) **424**
 RADIOGRAPHY **REGISTERS AS USER OF PACKAGING CERTIFICATES OF COMPLIANCE NUMBERS**

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
**WASHINGTON GROUP
 RAYTHEON CONSTRUCTORS
 BLDG. 57 - 210 WEBSTER RD.
 PINE BLUFF, AR 71602**

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Report and Number of other locations. Do not complete an address or checklist at this time.)
**PINE BLUFF ARSENAL,
 PINE BLUFF, AR 71602**

10. CLIENT TELEPHONE NUMBER (Include Area Code)
870-850-1705

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
SAME

12. DATES SCHEDULED
 FROM **8/19/02** TO **8/23/02**

13. NUMBER OF WORK DAYS
5

14. LICENSE NUMBER
1075

15. EXPIRATION DATE
12-31-02

16. LOCATION REFERENCE NUMBER ASSIGNED BY NRC

17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEETS TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.
IR-192 AMERSHAM 660B B3410 S/N B4517 19.7 Ci

18. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)
 I, THE UNDERSIGNED, HEREBY CERTIFY THAT:
 1. All information in this report is true and complete.
 2. I have read and understand the provision of the general license 10 CFR 150.20 reported 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.
 3. 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 offshore waters, which is authorized for an unlimited period of time in the calendar year.
 4. 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.
 5. I understand that conduct of any activities not described above, including conduct of activities at other locations different from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.

SIGNATURE: **David J. Collins** DATE: **8/16/02**
 TITLE: **RSO**

19. 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 USC, 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.

20. TOTAL NUMBER OF DAYS TO BE CONDUCTED: **5**

NT BY: CODE SERVICES: 2563401134; Aug-16-02 9:25AM; Page 1/1

TRANSMIT: 82563401134	DURATION	PAGE	SESS	RESULT
TYPE: MEMORY TX	MODE	E - 14	00:50	01
			210	OK

NAME: US NRC REGION 2
 TEL : 404 562 4955
 DATE: 08/16/02 10:51

TRANSMIT MESSAGE CONFIRMATION REPORT

Facsimile Transmittal - US Nuclear Regulatory Commission Region II

DATE _____ / _____ / **2002**

COVER + _____ PAGES

TO: Mr. Rick Sabin RPO FAX NO.: **(AC 870) 540 - 3165**

OFFICE: Safety Office Pine Bluff Arsenal VOICE NO.: **(AC 870) 540 - 3047**

FROM: Janice Kirby / David Collins FAX NO.: **(AC 404) 562-4955**

TOPIC: Reciprocity at Pine Bluff VOICE NO.: **(AC 404) 562 - 4719/4735**

800-577-8510 ext 4719/24735

MATERIALS LICENSING/INSPECTION BRANCH 1/2 DIVISION OF NUCLEAR MATERIALS SAFETY
61 FORSYTH ST., SW, SUITE 23T85, ATLANTA GA 3030-8931

Message: Reciprocity has been granted by NRC for this Agreement State Licensee to work in your facility which is exclusive Federal jurisdiction. This notification is a courtesy.

P:\faxform2002 reciprocity.wpd

TRANSMIT MESSAGE CONFIRMATION REPORT

NAME: US NRC REGION 2
TEL : 404 562 4955
DATE: 08/16/02 10:54

TRANSMIT: 88705403165		DURATION	PAGE	SESS	RESULT
TYPE : MEMORY TX	MODE	00'38	02	212	OK
	E -264				

Facsimile Transmittal - US Nuclear Regulatory Commission Region II

DATE ____/____/2002_

COVER + ____ PAGES

TO: Richard Leonardi / Judith Walker FAX NO.: (AC 817) 860 - 8263

OFFICE: Region IV VOICE NO.: (AC 817) 860 - 8187 / 8299

FROM: Janice Kirby / David Collins FAX NO.: (AC 404) 562-4955

TOPIC: Reciprocity in Region IV VOICE NO.: (AC 404) 562 - 4719 / 4735

800-577-8510 ext 4719/24735

MATERIALS LICENSING/INSPECTION BRANCH 1/2 DIVISION OF NUCLEAR MATERIALS SAFETY
61 FORSYTH ST., SW, SUITE 23T85, ATLANTA GA 3030-8931

Message: Reciprocity has been granted by NRC for this Agreement State Licensee to work in your facility which is exclusive Federal jurisdiction. This notification is a courtesy.

Please contact Region II for inspection number assignment! _____

G:\DNMS\faxform2002 REGIONS.wpd

NAME: US NRC REGION 2
TEL : 404 562 4955
DATE: 08/16/02 10:55

TRANSMIT MESSAGE CONFIRMATION REPORT

TRANSMIT: 88178608263		DURATION		PAGE		SESS		RESULT	
TYPE : MEMORY	TX	MODE	E -288	00'36	02	213	OK		