

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS

(Please read the instructions before completing this form)

Estimated burden per response to comply with this mandatory collection request: 15 minutes. This notification is required so that NRC 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 estimate to the Regulatory Management Branch (T-4 EG), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjst@nrc.gov and to the Desk Officer, Office of Information and Regulatory Affairs, Washington, DC 20503, (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, 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 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) \Rightarrow _____
 RADIOGRAPHY \Rightarrow REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
**BROWN MECHANICAL
2810 3rd Ave. So.
BIRMINGHAM, AL 35201**

contact: Jimmy

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible)
**REDSTONE ARSENAL
MILLS & MARTIN RD.
VAN BRAUN COMPLEX**

10. CLIENT TELEPHONE NUMBER (Include Area Code) **205-229-9496**
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) **256-837-0221**

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
8/20/02	8/20/02	1			

17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.
18. 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 B2832 S/N 04688B 43 ci

19. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZED 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**

20. 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 day 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 at other 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: *[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: *[Signature]* DATE: **8/16/2002** TOTAL USAGE - DATES TO DATE: **146**

Division of Nuclear Materials Safety
USNRC Region II
Aug-16-02 10:40AM
2560401134

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

NRC FORM 741 (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)

1. NAME OF LICENSEE (Person or firm primarily to conduct the activities described below)
CODE SERVICES

2. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
**26412 OLD HWY 20
 MADISON, AL 35756**

3. ACTINITIES 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) → REGISTERED AS USER OF PALMTRONICS (MARKING DEVICES OF COMPLIANCE NUMBERS)
 RADIOGRAPHY →

4. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
**BROWN MECHANICAL
 2810 3RD AVE. SO.
 BIRMINGHAM, AL 35201**

5. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and number or rural address, ZIP as applicable or address as directions as applicable)
**REDSTONE ARSENAL
 MILLS & MARTIN RD.
 VAN BRAUN COMPLEX**

6. CLIENT CONTACT NAME AND PHONE NUMBER
contact: Jimmy

7. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

8. LICENSE NUMBER (Include Area Code)
205-229-9496

9. TELEPHONE NUMBER (Include Area Code)
256-340-1117

10. FACSIMILE NUMBER (Include Area Code)
256-340-1134

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

12. DATES SCHEDULED TO FROM
8/20/02 TO 8/20/02

13. NUMBER OF WORK DAYS
1

14. ADD 15. DELETE 16. LOCATION NUMBER TO BE ASSIGNED BY NRC

17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.
(Include description of type and quantity of radioactive material, installed, serviced, or devices to be used)

18. AGREEMENT STATE REPORT MESSAGE WHICH APPLIES THE INFORMATION 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 741.)

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 printed 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, 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 conduct of any activities not described above, including conduct of activities on site or locations described above or without NRC authorization, may subject me to enforcement action, including fines or civil penalties.
 e. I understand that statements in this certificate may be subject to civil and/or criminal penalties. NRC regulations require that licensees to the NRC be complete in all material respects. 10 U.S.C. Section 1003 makes it a criminal offense to make a false statement or representation to any department or agency of the United States by any messenger within its jurisdiction.

CERTIFYING OFFICER: **CHRIS CHANDLER, RSO** SIGNATURE: *Chris Chandler* DATE: **8/16/02**

RECORDING OFFICIAL: *David J. Collins* DATE: **8/16/02**

USE ONLY FOR NRC (Do not use for other purposes)

25693401134: Aug-16-02 09:38AM: Page 4/4

ENT BY: CODE SERVICES:

TRANSMIT: 82563401134	DURATION	PAGE	SESS	RESULT
TYPE: MEMORY TX	MODE E - 14	00'49	01	223
				OK

TRANSMIT MESSAGE CONFIRMATION REPORT