

# UNITED STATES NUCLEAR REGULATORY COMMISSION

#### REGION IV 611 RYAN PLAZA DRIVE, SUITE 400 ARLINGTON, TEXAS 76011-8064

September 17, 2002

Central Utah Testing & Inspection ATTN: Dan Dalley President P.O. Box 427 Centerfield, Utah 84622

SUBJECT: NRC FORM 241

Mr. Dalley:

This acknowledges receipt of your NRC Form 241 which was fax dated on August 26, 2002, and the \$1400 application fee, submitted to the NRC Region IV office to report proposed activities in NRC jurisdiction under the authority of the general license pursuant to 10 CFR 150.20.

Your Agreement State license is recognized as valid for the proposed use of licensed material at the location listed on your Form 241, and attachments, if any.

The calendar year 2002 RTS Reference Number for your proposed location of work is:

| RTS Reference Number | Proposed Location of Work  |
|----------------------|--|
| 000960               | Tongas National Forest<br>Big Salt Lake Road<br>Prince of Wales Island, Alaska |

Please refer to this RTS Reference Number in any future communications regarding this location. If you make changes to the initial NRC Form 241, please provide those changes to this office, when you propose to add locations of work, add or delete dates of work, change work site contacts, use different radioactive materials, or elect to perform additional work activities within NRC jurisdiction.

Please be aware that working under reciprocity in NRC jurisdiction requires you to comply with NRC regulations, as described in 10 CFR 150.20.

Information submitted on NRC Form 241 must be specific regarding the location and dates of use. Since your reciprocity request is for one location over an extended period of time, you are required to notify this office three days prior to any additional proposed generally licensed activity.

However, given the nature of your licensed activities, the time requirement specified in 10 CFR 150.20(b)(1) for the filing of NRC Form 241 and any subsequent notifications has been waived, provided that you:

- A. Inform this office by telephone or facsimile of work activities or changes to the information submitted on the initial NRC Form 241, and
- B. Receive oral or written authorization for the activities from this office, and
- C. Submit written confirmation and the check for the fee payment, if applicable, within 3 days after the notification.

Please note, all notifications of work activities or changes to the information submitted on the initial NRC Form 241 must include, at a minimum, the following information: licensee name, agreement state license number, location of work, dates of work, and the signature of the RSO or designee.

Enclosed is an NRC signature copy of your NRC Form 241. We appreciate your cooperation. If you have questions concerning this letter or other aspects of working in NRC jurisdiction under reciprocity, please contact me at 817-276-6552.

Sincerely,

/RA/

Rachel S. Browder, Health Physicist Nuclear Materials Licensing Branch

Enclosures: As stated

cc w/copy of NRC Form 241 and Materials License: Utah Radiation Control Program Director



# UNITED STATES NUCLEAR REGULATORY COMMISSION

#### **REGION IV**

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September 17, 2002

| MEMORANDUM TO:                                |  | Shirley Crutchfield<br>License Fee and Accounts Receivable Branch (T9 E10)           |  |       |
|---|--|--|--|-------|
| FROM:   |  | Rachel S. Browder, Health Physicist<br>Nuclear Materials Licensing Branch, Region IV |  |       |
| SUBJECT:                                      |  | FEE TRANSMITTAL  |  |       |
| A.  | Region IV  |  |  |       |
|   | 1. NRC FORM 241 ATTACHED:                            |  |  |       |
|   |  | NRC Forn   | Licensee:<br>n 241 FAX Dated:<br>nt State License:<br>Code(s): | •     |
|   | 2.   | FEE ATT  | ACHED:   |       |
| Amount: \$                                    |  | 61400  | Check: # 1149  |       |
|   | 3.   | COMMENTS:  |  |       |
|   |  |  |  |       |
|   |  |  |  |       |
| D. LIGENOF FEE AND ACCOUNTS DESERVABLE DRANGU |  |  |  |       |
| B.  | LICENSE FEE AND ACCOUNTS RECEIVABLE BRANCH           |  |  |       |
|   | 1.   | Fee Category and Amount:   |  |       |
|   | 2. Correct Fee Paid. Submittal may be processed for: |  |  |       |
|   | General License                                      |  |  |       |
|   | Signed   | d  |  | Date: |