

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 TETHERED THERAPY/IRRADIATOR SERVICE
 PORTABLE GAUGES OTHER (Specify) => _____
 RADIOGRAPHY => REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
**LBFB
P.O. Box 8395
Redstone Arsenal, AL
35805**

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)
**West Test Area
Redstone Arsenal
* Calvin Terry**
10. CLIENT TELEPHONE NUMBER (Include Area Code) **256-544-7467**
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 9/16/02	TO 9/16/02	1			00034

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 S/N 54843 B2444 42.4 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 7 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 *Chris Chandler* DATE **9/13/02**

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
Name: **Janice H. Kirby** Title: **Licensing Assistant** SIGNATURE *Janice Kirby* DATE **9/13/02** TOTAL USAGE - DAYS TO DATE

FAX (404) 562-4955 / VERIFY (404) 662-4719

USNKC REGION II - ATLANTA GA