



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

FAX

To: JANICE KIRBY / NRC

From: Michelle Chandler

Fax: 404-562-4955

Pages: (2) Includes Cover Page

Phone: 404-562-4719

Date: 11/22/02

Re:

Comments:

Janice,

DID NOT NEED EXTRA DAY FOR BROWN MECH (11/22)

Have a good day. ☺ - AND WEEKEND!

Michelle Chandler
11/22/02

US NRC REGION 2

404 562 4955

11/20 '02 16:21 NO.196 01/01

US NRC REGION 2

404 562 4955

11/19 '02 16:54 NO.185 01/03

NRC FORM 311
(11/99)

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, PHONIC OR HIS PROPERTY TO WHICH THE LICENSE APPLIES

2. TYPE OF REPORT

INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE'S OFFICE OR OTHER ADDRESS FROM WHICH THIS REPORT IS BEING SUBMITTED

26412 OLD BRY 20
MADISON, AL 35756

4. LICENSEE CONTACT AND TITLE

CHRIS CHANDLER, RSO

5. LICENSE NUMBER

256-340-1117

6. FEDERAL NUMBER

256-340-1134

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE OBTAINED BY CFR 101.12

WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELE THERAPY/RADIATOR SERVICE

PORTABLE GANTRY OTHER (Specify) RD

RADIOGRAPHY OR RECORDING AS PART OF PACKAGING, REPAIRS/TESTS OF CONTAINER NUMBER(S)

8. CONTACT NAME, ADDRESS, CITY, STATE, ZIP CODE

BROWN MECHANICAL
2810 3rd AVE. SO.
BIRMINGHAM, AL 35201

REDSTONE ARSENAL
MILLS & MARTIN RD.
VAN BRAUN COMPLEX

9. CONTACT: JIMMY

10. DATE OF REPORT: 11/21/02

11. NUMBER OF WORK DAYS: 1

12. NUMBER OF WORK DAYS: 1

13. LOCAL LICENSE NUMBER: 256-027-0221

14. FEDERAL LICENSE NUMBER: 256-340-1117

15. LIST ADDITIONAL WORK SITES OR SEPARATE LICENSES TO WHICH THIS INFORMATION APPLIES TO BE OBTAINED IN THESE STATES ABOVE

16. LIST ADDITIONAL WORK SITES OR SEPARATE LICENSES TO WHICH THIS INFORMATION APPLIES TO BE OBTAINED IN THESE STATES ABOVE

IR-192 Anselom 6606 33411 S/N34984 50 ci

17. STATE OF REPORT: AL

18. LICENSE NUMBER: 1075

19. DATE OF REPORT: 11/21/02

20. 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 provisions of the general license, or CFR 101.12, applicable to the information in this report, and I am aware of the requirements for this report.

3. I have read and understand the provisions of the general license, or CFR 101.12, applicable to the information in this report, and I am aware of the requirements for this report.

4. I have read and understand the provisions of the general license, or CFR 101.12, applicable to the information in this report, and I am aware of the requirements for this report.

5. I have read and understand the provisions of the general license, or CFR 101.12, applicable to the information in this report, and I am aware of the requirements for this report.

6. I have read and understand the provisions of the general license, or CFR 101.12, applicable to the information in this report, and I am aware of the requirements for this report.

21. SIGNATURE OF APPLICANT

CHRIS CHANDLER, RSO

22. SIGNATURE OF LICENSEE

23. DATE OF REPORT

11/21/02

24. RECEIVED BY

25. DATE OF RECEIPT

BY: CODE SERVICES; 2563401134;

FAX (404) 662-4955 / VERIFY (404) 662-4779

CENTRAL Region II - Atlanta GA