



26412 OLD HIGHWAY 20
MADISON, AL 36756
PHONE: 256-340-1117
FAX: 256-340-1134

FAX

To: JANICE KIRBY / NRC

From: Michelle Chandler

Fax: 404-562-4955

Pages: (3) Includes Cover Page

Phone: 404-562-4719

Date: 11/19/02

Re: _____

Comments:

Did not make it to LB & B yesterday; will send new NRC for Thursday (11/21)

Have a good day. ☺

Janice Kirby 11/19/02

NRC FORM 211 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)

APPROVED BY NRC... APPROVED BY NRC... APPROVED BY NRC...

2. TYPE OF REPORT INITIAL [] REVISION [] CLARIFICATION []

3. ADDRESS OF LICENSEE (including address or other location where licensee may be found)

26412 OLD HWY 20 MADISON, AL 35756

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 19 CFR 160.28

- WELL LOGGING [] LEAK TESTING AND/OR CALIBRATIONS [] TELE THERAPY/RADIATOR SERVICE []
PORTABLE GAUGES [] OTHER (Specify) []
RADIOGRAPHY [x] REGISTERED AS USER OF PACKAGING (SERIALS OF CONTAINER NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/STATE, ZIP CODE

L.B. & B P.O. Box 8345 Redstone Arsenal Huntsville AL 35805

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address as feasible or possible)

West Test Area Redstone Arsenal CONTACT: Calvin Terry

Table with 3 columns: 12. DATES SCHEDULED, 13. NUMBER OF WORK DAYS, 14. ADD, 15. DELETE, 16. LOCATION REFERENCE NUMBER

11. LIST ADDITIONAL WORK SITES ON SEPARATE SHEETS(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.

17. LIST ADDITIONAL MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description or type and quantity of radioactive material, sealed source, or device to be used)

18. CERTIFICATION (MUST BE COMPLETED BY APPLICANT) I, THE UNDERSIGNED, HEREBY CERTIFY THAT: AS INFORMED BY ME IN THIS REPORT IS TRUE AND COMPLETE.

19. STATE OF THE LICENSEE'S RESIDENCE (This information is required to conduct activities which are the same, except for location of use, as specified in item 4 above. If the residence of the licensee is not the same as the location of use, the licensee must complete this item.)

20. LICENSE NUMBER 1075 21. EXPIRATION DATE 12-31-02

22. SIGNATURE AND TITLE OF LICENSEE REPRESENTATIVE (Name and Title) CHRIS CHANDLER, RSO

23. SIGNATURE AND TITLE OF NRC LICENSING ASSISTANT (Name and Title) Janice H. Kirby Licensing Assistant

24. DATE OF RECEIPT OF THIS CERTIFICATE 11/15/02

TAX (404) 562-4955 / VERIFY (404) 662-4719 US NRC Region II - Atlanta GA