

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 <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> 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 TETHERAPY/IRRADIATOR SERVICE

PORTABLE GAUGES OTHER (Specify) ⇒ _____

RADIOGRAPHY ⇒ _____

REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) _____

| | | | |
|---|--|---|---|
| 8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE LB#B P.O. Box 8395 Redstone Arsenal Huntsville 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 contact: 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 | TO | | | | NUMBER TO BE ASSIGNED BY NRC |
| 11/21/02 | 11/21/02 | 1 | | | |

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 6606 33411 SWS4984 50 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 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 |
|---|-------------------------------|--------------------|------------------------------------|

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- All information in this report is true and complete.
- 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.
- 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.
- 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.

| | | |
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| CERTIFYING OFFICER - RSO or Management Representative (Name and Title) CHRIS CHANDLER, RSO | SIGNATURE <i>Chris Chandler</i> | DATE 11/19/02 |
|--|------------------------------------|-------------------------|

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 report.

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|------------------|-----|----------------------------------|-------------------------|----------------------------|
| FOR NRC USE ONLY | REV | SIGNATURE <i>Janice Kirby</i> | DATE 11/19/02 | TOTAL USAGL - DAYS TO DATE |
| | | Licensing Assistant | | |

FAX (404) 562-4955 / VERIFY (404) 662-4719
USNRC Region II - Atlanta GA