

APPROVED BY OMB NO. 3150-0013 EXPIRES: 09/15/05
Estimated burden for response to comply with this mandatory collection request: 15 minutes. This notification is required so that NRC may schedule inspection of the activities to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Send comments regarding this burden estimate to the Records Management Branch (7-5 E9), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to records@nrc.gov, and to the Chief Officer, Office of Information and Regulatory Affairs (EEOB-10202) (3150-013), Office of Management and Budget, Washington, DC 20503. If a review is required to impose an information collection, the NRC must publish a currently valid OMB control number, the NRC must publish the name of sponsor, and a person is not required to respond to a collection of information if it does not have this OMB control number.

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 (Name or firm proposing to conduct the activities described below) CODE SERVICES, INC.		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) 2205 HWY 20 DECATUR, AL 35601		4. LICENSE CONTACT AND TITLE JAMES 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 TELETHERAPY/RADIATOR SERVICE

PORTABLE GAUGES OTHER (Specify) _____

RADIOGRAPHY → REGISTERED NUMBER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE WASHINGTON DEMILITARIZATION CO BLDG. 57 - 210 WEBSTER RD PINE BLUFF, AR 71608	9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address of directions as possible) PINE BLUFF ARSENAL
10. CLIENT TELEPHONE NUMBER (Include Area Code) 870-850-1705	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 6/20/03 6/20/03	1			HANDLER TO BE ASSIGNED BY NRC

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-10 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 S4984 B3410 62 ci. *acknowledged*

D J Collins 6/20/03

18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZED THE UNDERIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN 7 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)	LICENSE NUMBER 1075	STATE AL	EXPIRATION DATE 12-31-03
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19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERIGNED, HEREBY CERTIFY THAT:

- All information in this report is true and complete.
- I have read and understand the provisions of the general license 10 CFR 150.20 (printed 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 offshore 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's 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 at 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) JAMES CHANDLER, RSO	SIGNATURE <i>James Chandler</i>	DATE 6/18/03
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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 of representation to any department or agency of the United States as to any matter within its jurisdiction.

FOR NRC USE ONLY	REVIEWING OFFICIAL (Typed/Printed Name and Title) David J. Collins, Health Physicist	SIGNATURE <i>David J. Collins</i>	DATE 6/18/2003	TOTAL USAGE - DAYS TO DATE
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