

NRC FORM 241 (8-2002) U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 08/31/2005 Estimated burden per 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 burden estimate to the Records Management Branch (T-6 EE), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NE08-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

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) CTL/Thompson, Inc.

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 1971 W. 12th Ave. Denver, Colorado 80204

INITIAL REVISION CLARIFICATION

4. LICENSEE CONTACT AND TITLE Jeffrey S. Hammer / RSO

5. TELEPHONE NUMBER (Include Area Code) 303-825-0777

6. FACSIMILE NUMBER (Include Area Code) 720-488-1904

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

- Well Logging, Leak Testing and/or Calibrations, Teletherapy/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 Black & Veatch, Corp. 11900 East Cornell Ave. #300 Aurora, CO 80014

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) 8911 Campstool Rd., Cheyenne Wyo. Crow Creek WWTP I-80 S. Industrial Rd. Cheyenne, Wyo

10. CLIENT TELEPHONE NUMBER (Include Area Code) 303-671-4200

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 307-632-3048

Table with columns: 12. DATES SCHEDULED (FROM 8-17-04 TO 8-17-04), 13. NUMBER OF WORK DAYS, 14. ADD, 15. DELETE, 16. LOCATION REFERENCE NUMBER (833/834), NUMBER TO BE ASSIGNED BY NRC

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.) Portable Moisture Density Gauge CPN Model MC Series (AM241-50 mCi) (CS-137-10 mCi) or Trolox Model 3400 Series (AM241-44 mCi) (CS-137-9 mCi)

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 180-01 STATE CO EXPIRATION DATE 3-31-2008

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) Jeffrey S. Hammer / RSO SIGNATURE Jeffrey S. Hammer DATE 8-17-04

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 REVIEWING OFFICIAL (Typed/Printed Name and Title) Rachel S. Browder SIGNATURE RSBowder DATE 8-18-04 TOTAL USAGE - DAYS TO DATE

RTS 83 83

NRC FORM 241 (8-2002) 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 OMB: NO. 3150-0013
Estimated burden per 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 burden estimate to the Records Management Branch (T-8 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to infocollect@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

EXPIRES: 08/31/2005

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)
CTL/Thompson, Inc.

2. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
**1971 W. 12th Ave.
Denver, Colorado 80204**

3. LICENSEE CONTACT AND TITLE
Jeffrey S. Hammer / RSO

4. TELEPHONE NUMBER (Include Area Code)
303-825-0777

5. FACSIMILE NUMBER (Include Area Code)
720-488-1904

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/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
**Black & Veatch, Corp.
11900 East Cornell Ave. #300
Aurora, CO 80014**

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)
**0.56 Creek Waste Water
8911 Campsteel Rd., Cheyenne Wyo.
Crows Creek WWTP
I-80 S. Industrial Rd. Cheyenne, Wyo**

10. CLIENT TELEPHONE NUMBER (Include Area Code)
303-671-4200

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
307-632-3048

12. DATES SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM 5-18-04 TO 8-18-04				NUMBER TO BE ACCRUED BY NRC 833/834

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.)
**Portable Moisture Density Gauge CPN Model MC Series (AM241 - 50 mCi)
CS-137 - 10 mCi)
or Trolox Model 3400 Series (AM241 - 44 mCi CS-137 - 9 mCi)**

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 180-01	STATE CO	EXPIRATION DATE 3-31-2008
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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) SIGNATURE DATE
Jeffrey S. Hammer / RSO *Jeffrey S. Hammer* **8-17-04**

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	REVIEWING OFFICIAL (Typed/Printed Name and Title) SIGNATURE DATE Rachel S. Browder <i>R. Browder</i> 8-18-04	TOTAL USAGE -- DAYS TO DATE
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NRC FORM 241 (8-2002) **Health Physicist**

RTS= 83. 83.

NRC FORM 241 (8-2002)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013 <small>Estimated burden per 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 burden estimate to the Records Management Branch (T-8 Eb), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to infocoll@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.</small>		EXPIRES: 08/31/2006	
<p align="center">REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</p> <p align="center"><i>(Please read the instructions before completing this form)</i></p>							
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) CTL/Thompson, Inc.				<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION			
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 1971 W. 12th Ave. Denver, Colorado 80204				4. LICENSEE CONTACT AND TITLE Jeffrey S. Hammer / RSO			
				5. TELEPHONE NUMBER (Include Area Code) 303-825-0777		6. FACSIMILE NUMBER (Include Area Code) 720-488-1904	
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20							
<input type="checkbox"/> WELL LOGGING		<input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS		<input type="checkbox"/> THERAPY/IRRADIATOR SERVICE			
<input checked="" type="checkbox"/> PORTABLE GAUGES		<input type="checkbox"/> OTHER (Specify) ⇒ _____					
<input type="checkbox"/> RADIOGRAPHY ⇒ _____		REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)					
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE Black & Veatch, Corp. 11900 East Cornell Ave. #300 Aurora, CO 80014				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) Dry Creek Waste Water 89th Campsteel Rd., Cheyenne Wyo Crow Creek WWTP I-80 S. Industrial Rd. Cheyenne, Wyo			
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12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER		NUMBER TO BE ASSIGNED BY NRC
FROM 8/19/04 TO 8/19/04					833/834		833/834
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.							
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CERTIFYING OFFICER - RSO or Management Representative (Name and Title) Jeffrey S. Hammer / RSO				SIGNATURE Jeffrey S. Hammer		DATE 8-18-04	
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FOR NRC USE ONLY		REVIEWING OFFICIAL (Typed/Printed Name and Title) Rachel S. Browder Health Physicist		SIGNATURE Rachel S. Browder		DATE 8-24-04	TOTAL USAGE - DAYS TO DATE

RTS
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