



MAY 4 - 2007

To: Rachel Browder **From:** Lance Freeman

Fax: 817-860-8263 **Pages:** 2

Phone: **Date:** May 4, 2007

Re: Reciprocity Request for Quantum **CC:**

Urgent For Review Please Comment Please Reply Please Recycle

Ms. Browder

Quantum Technical Services respectfully requests reciprocity to perform level and density measurements at the Dupont Edgemoor Plant in Delaware. The work is scheduled to be performed on May 7 & 8, 2007. Please let us know if you require any further information.

We appreciate your assistance in this matter.

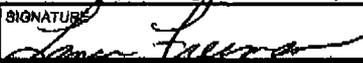
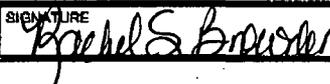
Regards,


Lance Freeman

ADAMS # ~~ML 071450364~~
 Template _____
 Date 5/25/07 QC'd by SJD

A/3

MAY 4 - 2007

NRC FORM 241 (8-2005)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013		EXPIRES: 08/31/2008	
<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) Quantum Technical Services				2. TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> CHANGE			
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 15502 Old Galveston Road, Ste 711 Webster, TX.77598				4. LICENSEE CONTACT AND TITLE Lance Freeman/ VP Process Services		5. TELEPHONE NUMBER (Include Area Code) (281) 461-7200	
				6. FACSIMILE NUMBER (Include Area Code) (281) 461-7209			
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"/> TELE THERAPY/RADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input checked="" type="checkbox"/> OTHER (Specify) • • <u>Level and Density Measurements</u> <input type="checkbox"/> RADIOGRAPHY • • <u>REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)</u>							
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE DuPont Edgemoor Plant 104 Hay Road Edgemoor, DE 19809				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) same			
		10. CLIENT TELEPHONE NUMBER (Include Area Code) (302) 761-2074		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) (302) 761-2074			
12. DATES SCHEDULED FROM 05/07/2007 TO 05/08/2007		13. NUMBER OF WORK DAYS 2	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER #221		
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 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.) Cs-137 Special Form Sealed Source x 0.14 GBq							
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. (One copy of the specific license must accompany the Initial NRC Form 241.)				LICENSE NUMBER L03071	STATE TX	EXPIRATION DATE 2/28/2015	
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) Lance Freeman / VP Process Services				SIGNATURE 		DATE 05/04/2007	
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 		DATE 5/17/07	
		Health Physicist		TOTAL USAGE - DAYS TO DATE			

COVER SHEET FOR CORRESPONDENCE

**USE THIS COVER SHEET TO PROTECT ORIGINALS OF
MULTI-PAGE CORRESPONDENCE**