



(ABE) ORVIL COUCH, Owner • P. O. Box 1474 • Borger, TX 79008-1474 • 806-273-2733

NORMAN RENEAU, Field Superintendent

FEB - 3 2000

Date: 2-3-00

U.S. Nuclear Regulatory Commission
DNMS/NMLB
Attn: Reciprocity
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011

Ms. Billie Gruszynski;

This letter is to inform you and N.R.C. that we will be working in Oklahoma. The location is 1 1/2 miles south of Knowles OKLA.
We will be working there for 1 day

000440

This job is for PANHANDLE Field Service (Duke).
The technician will be CLINT Nugent his Helper is Jason Nugent.
He is using IR 192, Source D15.37 -- 34 curies.
CONTACT: Jim Salvage - 1-580-651-5252

Thank You,

		TDH-BRC	
	INDUSTRIAL RADIOGRAPHY I.D. CARD		
IDENTIFICATION NO. <u>007146</u>			
EXPIRATION DATE <u>03/31/04</u>			
QUALIFICATION CODE <u>1</u>			
DATE OF BIRTH _____			
NAME <u>Jason Allen Nugent</u>			
SIGNATURE <u>Jason Nugent</u>			

Jenaro Robles
Jenaro Robles
Asst. R.S.O.

		TDH-BRC	
	INDUSTRIAL RADIOGRAPHY I.D. CARD		
IDENTIFICATION NO. <u>005348</u>			
EXPIRATION DATE <u>09/30/00</u>			
QUALIFICATION CODE <u>1</u>			
DATE OF BIRTH _____			
NAME <u>Clint Troy Nugent</u>			
SIGNATURE <u>Clint Nugent</u>			

M.C. Hernandez
Signature M. C. Hernandez
Title: Radiation Specialist

2/3/00

NE05

Copy to RV



UNITED STATES
NUCLEAR REGULATORY COMMISSION

REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TEXAS 76011-8064

FEB - 3 2000

MEMORANDUM Shirley Crutchfield
TO: License Fee & Accounts Receivable Branch (T9 E10)
FROM: Christi Hernandez
Nuclear Materials Licensing Branch, Region IV *MCH*
SUBJECT: FEE TRANSMITTAL

A. Region IV

1. NRC FORM 241 ATTACHED

Applicant/Licensee:
NRC Form 241 Dated:
Agreement State License:
Program Code(s):

2. REVISION ATTACHED

Licensee:
Agreement State License:

3. CLARIFICATION ATTACHED

Licensee: *Panhandle NDT & Inspection, Inc.*
Agreement State License: *TX 202627*

4. FEE ATTACHED

Amount: \$ _____ Check: # _____

5. COMMENTS

B. LICENSE FEE & ACCOUNTS RECEIVABLE BRANCH

- 1. Fee Category and Amount: _____
- 2. Correct Fee Paid. Submittal may be processed for:
General License _____
Revision _____

Signed _____ Date _____