

NORTHROP GRUMMAN

Electronic Systems
Environmental Health & Safety
600 Hicks Road H6282
Rolling Meadows, IL 60008

PHONE (224) 625-6565

FAX (847) 506-7988

FACSIMILE TRANSMITTAL

>> DO NOT TRANSMIT CLASSIFIED MATERIAL <<



DATE: 5-11-2011 NO. OF PAGES (INCLUDING THIS PAGE): 4


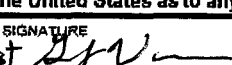
TO: USNRC ATTN: Geoffrey Warren


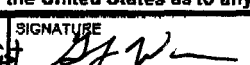
FAX NUMBER: 630-515-1259

FROM: William Cameron MAIL STOP: H6282 EXT: 6336

MESSAGE: Mr Warren
the original agreement was for 3/23 -> 4/29/2011
The pod did not arrive on site until 4/11/2011,
So I am deleting 19 days.
We extended from 4/30 -> 5/9/2011, but the
pod actually left Edwards on 4/29/2011,
So I am deleting 10 days.
We would like to add 5/15 -> 8/31/2011
So I am adding 109 days.
If you have any questions please call me
at 224-625-6336 Bill Cam

NRC FORM 241 (8-2008)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013		EXPIRES: 11/30/2011	
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) Northrop Grumman Systems Corporation				2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> CHANGE			
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 600 Hicks Road Rolling Meadows, IL 60008				4. LICENSEE CONTACT AND TITLE William Cameron, RSO			
				5. TELEPHONE NUMBER (Include Area Code) (224) 625-6336		6. FACSIMILE NUMBER (Include Area Code) (847) 506-7988	
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"/> TELETHERAPY/IRRADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input checked="" type="checkbox"/> OTHER (Specify) ⇒ For use in Raphael Model Laser Systems (LITENING Block2 Pod) <input type="checkbox"/> RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)							
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE Edwards Air Force Base 416 FLTS 118 N. Wolfe Ave. BLDG 1635 Edwards AFB, CA 93524				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) 416 FLTS 118N. Wolfe Ave. BLDG 1635 Edwards AFB, CA 93524			
				10. CLIENT TELEPHONE NUMBER (Include Area Code) (661) 277-6698		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) (661) 277-6794	
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER		
FROM 04/30/2011 TO 05/09/2011		10		X	NUMBER TO BE ASSIGNED BY NRC 000273		
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.) Am-241 Foil Source - IPL Model AP Series, 5 µCi each, total ≤600 µCi							
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 IL-02172-01	STATE IL	EXPIRATION DATE 12/31/2012	
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 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. 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) William Cameron, RSO				SIGNATURE 		DATE 05/11/2011	
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) Geoffrey Warren Health Physicist		SIGNATURE 		DATE 5/12/11	TOTAL USAGE - DAYS TO DATE 128

NRC FORM 241 (8-2008)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013 EXPIRES: 11/30/2011 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 and FOIA/Privacy Services Branch (T-5 F53), 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, 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.	
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) Northrop Grumman Systems Corporation			2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> CHANGE		
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 600 Hicks Road Rolling Meadows, IL 60008			4. LICENSEE CONTACT AND TITLE William Cameron, RSO		5. TELEPHONE NUMBER (Include Area Code) (224) 625-6336
6. FACSIMILE NUMBER (Include Area Code) (847) 506-7988					
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"/> TELETHERAPY/IRRADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input checked="" type="checkbox"/> OTHER (Specify) ⇒ <u>For use in Raphael Model Laser Systems (LITENING Block2 Pod)</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 Edwards Air Force Base 416 FLTS 118 N. Wolfe Ave. BLDG 1635 Edwards AFB, CA 93524			9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) 416 FLTS 118N. Wolfe Ave. BLDG 1635 Edwards AFB, CA 93524		
			10. CLIENT TELEPHONE NUMBER (Include Area Code) (661) 277-6698	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) (661) 277-6794	
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM 03/23/2011	TO 04/10/2011	19		X	NUMBER TO BE ASSIGNED BY NRC 000273
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 sou rces, or devices to be used.) Am-241 Foil Source - IPL Model AP Series, 5 µCi each, total ≤600 µCi					
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 IL-02172-01	STATE IL	EXPIRATION DATE 12/31/2012
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 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. 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) William Cameron, RSO			SIGNATURE 		DATE 05/11/2011
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) Geoffrey Warren, Health Physicist		SIGNATURE 		DATE 5/12/11
				TOTAL USAGE - DAYS TO DATE 128	

<p>NRC FORM 241 (8-2008)</p> <p style="text-align: center;">U.S. NUCLEAR REGULATORY COMMISSION</p> <p style="text-align: center;">REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</p> <p style="text-align: center;"><i>(Please read the instructions before completing this form)</i></p>		<p>APPROVED BY OMB: NO. 3150-0013 EXPIRES: 11/30/2011</p> <p><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 and FOIA/Privacy Services Branch (T-5 F53), 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.</small></p>									
<p>1. NAME OF LICENSEE <i>(Person or firm proposing to conduct the activities described below)</i></p> <p>Northrop Grumman Systems Corporation</p>		<p>2. TYPE OF REPORT</p> <p><input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> CHANGE</p>									
<p>3. ADDRESS OF LICENSEE <i>(Mailing address or other location where licensee may be located)</i></p> <p>600 Hicks Road Rolling Meadows, IL 60008</p>		<p>4. LICENSEE CONTACT AND TITLE</p> <p>William Cameron, RSO</p>									
		<p>5. TELEPHONE NUMBER <i>(Include Area Code)</i></p> <p>(224) 625-6336</p>	<p>6. FACSIMILE NUMBER <i>(Include Area Code)</i></p> <p>(847) 506-7988</p>								
<p>7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20</p> <p><input type="checkbox"/> WELL LOGGING <input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> THERAPY/IRRADIATOR SERVICE</p> <p><input type="checkbox"/> PORTABLE GAUGES <input checked="" type="checkbox"/> OTHER (Specify) ⇒ <u>For use in Raphael Model Laser Systems (LITENING Block2 Pod)</u></p> <p><input type="checkbox"/> RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)</p>											
<p>8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE</p> <p>Edwards Air Force Base 416 FLTS 118 N. Wolfe Ave. BLDG 1635 Edwards AFB, CA 93524</p>		<p>9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION <i>(Street and Number or other location. Give as complete an address or directions as possible.)</i></p> <p>416 FLTS 118N. Wolfe Ave. BLDG 1635 Edwards AFB, CA 93524</p>									
		<p>10. CLIENT TELEPHONE NUMBER <i>(Include Area Code)</i></p> <p>(661) 277-6698</p>	<p>11. WORK LOCATION TELEPHONE NUMBER <i>(Include Area Code)</i></p> <p>(661) 277-6794</p>								
<p>12. DATES SCHEDULED</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">FROM</td> <td style="width:25%;">TO</td> <td style="width:25%;">13. NUMBER OF WORK DAYS</td> <td style="width:25%;">14. ADD</td> </tr> <tr> <td>05/15/2011</td> <td>08/31/2011</td> <td>109</td> <td>X</td> </tr> </table>		FROM	TO	13. NUMBER OF WORK DAYS	14. ADD	05/15/2011	08/31/2011	109	X	<p>15. DELETED</p> <p>16. LOCATION REFERENCE NUMBER</p> <p>NUMBER TO BE ASSIGNED BY NRC 000273</p>	
FROM	TO	13. NUMBER OF WORK DAYS	14. ADD								
05/15/2011	08/31/2011	109	X								
<p>LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.</p>											
<p>17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED <i>(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)</i></p> <p>Am-241 Foil Source - IPL Model AP Series, 5 µCi each, total ≤600 µCi</p>											
<p>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. <i>(One copy of the specific license must accompany the Initial NRC Form 241.)</i></p>		<p>LICENSE NUMBER</p> <p>IL-02172-01</p>	<p>STATE</p> <p>IL</p>								
		<p>EXPIRATION DATE</p> <p>12/31/2012</p>									
<p style="text-align: center;">19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</p> <p>I, THE UNDERSIGNED, HEREBY CERTIFY THAT:</p> <p>a. All information in this report is true and complete.</p> <p>b. I have read and understand the provision 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.</p> <p>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.</p> <p>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.</p> <p>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.</p>											
<p>CERTIFYING OFFICER - RSO or Management Representative (Name and Title)</p> <p>William Cameron, RSO</p>		<p>SIGNATURE</p> 	<p>DATE</p> <p>05/11/2011</p>								
<p>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.</p>											
<p>FOR NRC USE ONLY</p>		<p>REVIEWING OFFICIAL (Typed/Printed Name and Title)</p> <p>Geoffrey Warren, Health Physicist</p>	<p>SIGNATURE</p> 								
		<p>DATE</p> <p>5/12/11</p>	<p>TOTAL USAGE - DAYS TO DATE</p> <p>128</p>								