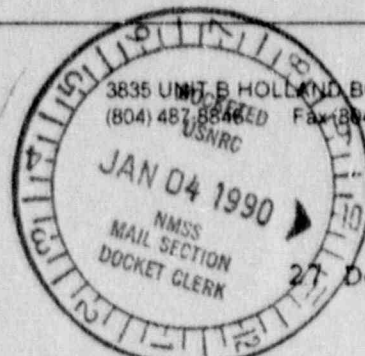
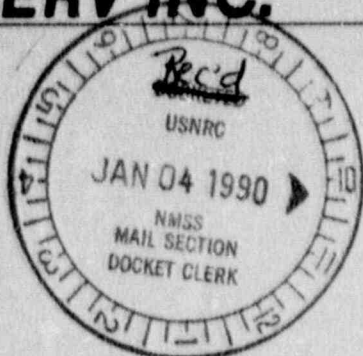


INDESERV INC.



QUALITY TESTING SERVICES

3835 UNIT B HOLLAND BOULEVARD • CHESAPEAKE, VA 23323
(804) 487-8846 FAX (804) 487-8884 Residence (804) 483-1301

27 December 1989

Director
Office of Nuclear Material Safety and Safeguards
US Nuclear Regulatory Commission
Washington, DC 20555

Dear Sir,

Attached is the INDESERV, Inc. Quality Assurance Manual which establishes the Quality Assurance Program for all INDESERV activities. As a new NRC Licensee (#45-25074-01), I am submitting this QA manual as the testament of the implementation of our QA program. The NRC Regulatory Guide 7.10, Annex 3 was used for guidance in developing this QA Program. Meanwhile, I will await your approval of our QA Program before I transfer any radioactive material. Should you have any questions, please call me at (804) 487-8846.

Very truly,

Horace A. Letchworth
Horace A. Letchworth
President/ RSO

RECEIVED
 DIVISION OF ADJUTANT GENERAL
 90 JAN -9 8 55
 U.S. NUCLEAR REGULATORY COMMISSION

Log	<i>Jan-1-90</i>
Remitter	
Check No.	<i>1055</i>
Amount	<i>9150</i>
Fee Category	<i>10B</i>
Type of Fee	<i>App</i>
Date Check Rec'd.	<i>1/5/90</i>
Date Completed	<i>1/5/90</i>
By:	<i>Messitt</i>

N102
26235

DOCKET NO. 71-0690
CONTROL NO. 26235
DATE OF DOC. Dec. 27, 1989
DATE RCVD. Jan. 4, 1990

FCUF _____ PDR
FCAF _____ LPDR _____
I & E REF.
SAFEGUARDS _____

FCTC
DATE 1/8/90
OTHER _____
INITIAL SAC

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 03320
Status Code: 0
Fee Category: 30
Exp. Date: 19941231
Fee Comments: _____

LICENSE FEE TRANSMITTAL

A. REGION II

1. APPLICATION ATTACHED

Applicant/Licensee: INDESERV, INC.
Received Date: 900103
Docket No: 3031378
Control No.: 220915
License No.: 45-25074-01
Action Type: Amendment

2. FEE ATTACHED

Amount: \$150.-
Check No.: 1055

3. COMMENTS

Signed [Signature]
Date 01-04-90

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /_/)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

POSSESSION LIMIT INFORMATION

PAGE: 2

MATERIAL TYPE : IR192 FORM CODE: SS AGGREGATE CODE: SS
 MODEL NUMBER : GAMMA IND. A-2-A, SPEC G-3, AM 848 OR
 DESCRIPTION : 39998, GAMMA IND. CENTURY SA
 TOTAL QUANTITY : 000085.000000000 UNIT: CI
 OTHER : # SOURCES:

MATERIAL TYPE : _____ FORM CODE: AGGREGATE CODE: _____
 MODEL NUMBER : _____
 DESCRIPTION : _____
 TOTAL QUANTITY : _____ UNIT: _____
 OTHER : # SOURCES:

MATERIAL TYPE : _____ FORM CODE: AGGREGATE CODE: _____
 MODEL NUMBER : _____
 DESCRIPTION : _____
 TOTAL QUANTITY : _____ UNIT: _____
 OTHER : # SOURCES:

MATERIAL TYPE : _____ FORM CODE: AGGREGATE CODE: _____
 MODEL NUMBER : _____
 DESCRIPTION : _____
 TOTAL QUANTITY : _____ UNIT: _____
 OTHER : # SOURCES:

MATERIAL TYPE : _____ FORM CODE: AGGREGATE CODE: _____
 MODEL NUMBER : _____
 DESCRIPTION : _____
 TOTAL QUANTITY : _____ UNIT: _____
 OTHER : # SOURCES:

MATERIAL TYPE : _____ FORM CODE: AGGREGATE CODE: _____
 MODEL NUMBER : _____
 DESCRIPTION : _____
 TOTAL QUANTITY : _____ UNIT: _____
 OTHER : # SOURCES:

MATERIAL TYPE : _____ FORM CODE: AGGREGATE CODE: _____
 MODEL NUMBER : _____
 DESCRIPTION : _____
 TOTAL QUANTITY : _____ UNIT: _____
 OTHER : # SOURCES:

