

# JL SHEPHERD & ASSOCIATES

1010 ARROYO AVE., SAN FERNANDO, CALIFORNIA 91340-1822

818-898-2361 FAX 818-361-8095

August 25, 1999

Ms. Christi Hernandez/  
Ms. Billie Gruszynski  
U.S. N. R. C. - Region IV  
DNMS/NMIB - ATTN: RECIPROCITY  
611 Ryan Plaza Drive, Ste 400  
Arlington, TX 76011-8064

AUG 25 1999

Fax No. (817) 860-8263 - Page 1 of 1

Ref.: Notification of Proposed Activities in Non-Agreement State,  
State of California Lic. No. 1777-19, Amendment # 75/Timely Renewal

Dear Ms. Hernandez or Ms. Gruszynski:

Please be advised that we shall be conducting a service call at the below listed facility, technician  
Ralph Jacobs, September 1, 2, and 3, 1999

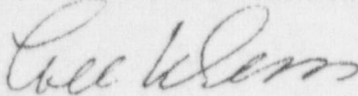
Location: Ref No.: 000359 - SPAWARSYSCEN 1639 Avenue "B" North Building 3414, North Charleston, SC  
29406. We shall conduct a training class for maintenance and repair procedures, excluding source removal  
operations, for the AN/UJDM-1A and AN/UJDM-1B (81-10 Calibrator, S/N 7120).

This facility is on our list.

If you require any additional information, please do not hesitate to contact us.

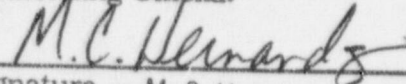
Very truly yours,

J. L. SHEPHERD &amp; ASSOCIATES



Lee Weiss  
Contracts Administrator

Authorizing Official:

  
Signature M. C. Hernandez  
Title: Radiation Specialist

Date: AUG 25 1999

9909080271 990825  
PDR STPRG ESGCA  
PDR

NE05  
Copy to RIV



UNITED STATES  
NUCLEAR REGULATORY COMMISSION

REGION IV

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

AUG 25 1999

MEMORANDUM Rita Messier  
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: *J. L. Shepherd & Associates*  
Agreement State License: *CA 1777-19*

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 \_\_\_\_\_