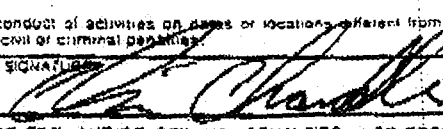
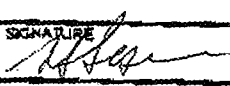


USNRC REGION II - MATERIALS LICENSING/INSPECTION BRANCHES (FAX 404-562-4955) (VERIFY 404-562-4732)

NRC FORM 241 <small>(6-98)</small> 10 CFR 150		U. S. NUCLEAR REGULATORY COMMISSION		APPROVED BY GMS: NO. 5155-0013 <small>Continued herein per response to comply with the mandatory information collection request 18 minutes. This information is required so that NRC may schedule inspections of the licensee to ensure that they are conducting a radioactive waste management program for protection of the public health and safety. Revised comments regarding Bureau activities to the Information and Records Management Branch (T-4 F35), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Planning, Research Project (3155-0013), Office of Management and Budget, Washington, DC 20503. NRC may not conduct or operate, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.</small>	
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES <small>(Please read the instructions on the cover sheet before completing this form.)</small>				EXPIRES: 6/30/02	
1. NAME OF LICENSEE <small>(Person or firm proposing to conduct the activities described below)</small> CODE SERVICES		2. TYPE OF REPORT INITIAL REVISION CLARIFICATION		3. CONTROL NUMBER <small>(Leave Blank - Number to be assigned by NRC)</small>	
4. ADDRESS OF LICENSEE <small>(Mailing address or other location where licensee may be located)</small> 25412 OLD HIGHWAY 20 MADISON, AL 35756		5. LICENSEE CONTACT CHRIS CHANDLER		6. TELEPHONE NUMBER <small>(Include Area Code)</small> (256) 340-1117	
				7. FACSIMILE NUMBER <small>(Include Area Code)</small> (256) 340-1134	
8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES 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 type="checkbox"/> OTHER <small>(Specify)</small>			
<input checked="" type="checkbox"/> RADIOGRAPHY		<input type="checkbox"/> TRANSPORTATION QA PROGRAM APPROVAL NO & REV NO		<input type="checkbox"/> REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NOS.)	
9. CLIENT NAME ADDRESS CITY/COUNTY STATE ZIP CODE Singleton Plumbing PO Box 2385 - 224 Hoke St. Gadsden, AL			10. WORK LOCATION ADDRESS <small>(Street and Number or other location. Give as complete an address or directions as possible.)</small> Bld # 4531		
11. CLIENT TELEPHONE NUMBER <small>(Include Area Code)</small> (256) 547-1659		12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK		13. WORK LOCATION TELEPHONE NUMBER <small>(Include Area Code)</small>	
14. DATES SCHEDULED FROM 10/1/99 TO 10/1/99		15. NUMBER OF WORK DAYS 1		16. LOCATION REFERENCE NUMBER 001146	
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.					
17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED IN NON-AGREEMENT STATES <small>(Include description of type and quantity of radioactive material, tested sources, or device to be used.)</small> Tr 192 SPEC 150 267 S/N F11403 87ci 3219 Gb2e					
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 8 ABOVE <small>(Four copies of the specific license must accompany the initial NRC Form 241.)</small>					
LICENSE NUMBER 1075		STATE ALABAMA		EXPIRATION DATE DEC 31, 2002	
				TOTAL USAGE DAYS TO DATE	
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 cover sheet of this form set), 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.					
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). I am site aware that I will be responsible for any fees associated with such inspections.					
e. I understand that conduct of any activities not described above, including conduct of activities at sites 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 (Type Printed Name and Title) CHRIS CHANDLER, RSO				SIGNATURE 	
				DATE 10/1/99	
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		AUTHORIZING OFFICIAL (Type Printed Name and Title) M. S. Lesser, Chief, MLIB 2		SIGNATURE 	
				DATE 10/1/99	

Received on 10/1/99 in II NEOR cc RX