

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

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| NRC FORM 241 (8-88) 10 CFR 150 U S NUCLEAR REGULATORY COMMISSION REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES (Please read the instructions on the cover sheet before completing this form.) | | APPROVED BY OMB: NO. 3180-0013 Estimated burden per response to comply with this mandatory information 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 any person health and safety. Providing false information regarding nuclear activities is the information and Records Management Branch (75-F33) U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001 and to the Operations Research Project (75-022013) Office of Management and Budget, Washington, DC 20503. NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. | |
| 1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) Code Services | | 2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION | |
| 3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be reached) 26412 Old Highway 20 Madison, AL | | 3. CONTROL NUMBER (Leave Blank - Number to be assigned by NRC) | |
| 4. LICENSEE CONTACT Chris Chandler | | 5. TELEPHONE NUMBER (Include Area Code) 256-340-1117 | |
| 6. FACSIMILE NUMBER (Include Area Code) 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"/> PORTABLE GAUGES | | <input type="checkbox"/> TELE-THERAPY/RADIATOR SERVICE | |
| <input checked="" type="checkbox"/> RADIOGRAPHY | | <input type="checkbox"/> OTHER (Specify) | |
| 9. CLIENT NAME ADDRESS CITY/COUNTY STATE ZIP CODE ASRI Building 4650 Redstone Arsenal AL | | 10. WORK LOCATION ADDRESS (Street and number or other location. Give as complete an address of directions as possible) | |
| 11. CLIENT TELEPHONE NUMBER (Include Area Code) | | 12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK | |
| 13. WORK LOCATION TELEPHONE NUMBER (Include Area Code) | | 14. DATES SCHEDULED | |
| FROM 8/30/99 TO 8/30/99 | | 15. NUMBER OF WORK DAYS 1 | |
| 16. LOCATION REFERENCE NUMBER (LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS NUMBER TO BE ASSIGNED BY NRC) | | 000348 | |
| LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE. | | | |
| 17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED IN NON-AGREEMENT STATES (Include description of type and quantity of radioactive material, sealed sources, or services to be used) LC 192 71 ci 2627 GBQs B3411 9/N S2827 | | | |
| 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 (Four copies of the specific license must accompany the initial NRC Form 241) | | | |
| 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 also 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 on dates or locations different from those specified above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties. | | | |
| CERTIFYING OFFICER - RSO or Management Representative (Typed Name and Title) Chris Chandler RSO | | SIGNATURE Chris Chandler | |
| | | DATE 8/30/99 | |
| 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 DECEITFUL STATEMENT TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION. | | | |
| FOR NRC USE ONLY | | SIGNATURE D.M. Heim, LA/DNMS | |
| | | DATE 8/30/99 | |

Rec'd Region II NE 5 cc R