

<b>NRC FORM 241</b> (5-96) 10 CFR 150		<b>U. S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY OMB: NO. 3150-0013</b> Estimated burden per response to comply with this mandatory information collection request: 16 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. Forward comments regarding burden estimate to the Information and Records Management Branch (T-8 F33), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Paperwork Reduction Project (3150-0013), 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.		<b>EXPIRES: 6/30/99</b>	
<b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES</b> (Please read the instructions on the cover sheet before completing this form.)							
<b>1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)</b> Duke Engineering and Services				<b>2. TYPE OF REPORT</b> <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION		<b>3. CONTROL NUMBER</b> (Leave Blank - Number to be assigned by NRC)	
<b>4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)</b> (see attached)				<b>5. LICENSEE CONTACT</b> James E. Rohrbacher (RSO)		<b>6. TELEPHONE NUMBER (Include Area Code)</b> (978) 568-2545	
				<b>7. FACSIMILE NUMBER (Include Area Code)</b> (978) 568-2520			
<b>8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20</b>							
<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) See attached clarification supplement					
<input type="checkbox"/> RADIOGRAPHY →		TRANSPORTATION OR PROGRAM APPROVAL NO. & REV. NO.		REGISTERED AS USER OF PACKAGINGS (CERTIFICATES OF COMPLIANCE NOS.)			
<b>9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE</b> See initial filing of Form 241				<b>10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible.)</b> See attached clarification supplement			
<b>11. CLIENT TELEPHONE NUMBER (Include Area Code)</b> See attached		<b>12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK</b> See attached			<b>13. WORK LOCATION TELEPHONE NUMBER (Include Area Code)</b> See attached		
<b>14. DATES SCHEDULED</b> FROM See attached		TO See attached		<b>15. NUMBER OF WORK DAYS</b> See attached		<b>16. LOCATION REFERENCE NUMBER</b> LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS NUMBER TO BE ASSIGNED BY NRC 000686	
<b>LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.</b>							
<b>17. USE RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED IN NON-AGREEMENT STATES.</b> (Include description of type and quantity of radioactive material, sealed sources, or devices to be used) See attached clarification supplement							
<b>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.)</b>							
<b>LICENSE NUMBER</b> 14-5971		<b>STATE</b> Massachusetts		<b>EXPIRATION DATE</b> September 30, 2004		<b>TOTAL USAGE DAYS TO DATE</b> 57 CKB	
<b>19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</b>							
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 described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.							
<b>CERTIFYING OFFICER - RSO or Management Representative (Typed/Printed Name and Title)</b> James E. Rohrbacher RSO				<b>SIGNATURE</b> James E. Rohrbacher		<b>DATE</b> 11-2-99	
<b>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.</b>							
<b>FOR NRC USE ONLY</b>		<b>AUTHORIZING OFFICIAL (Typed/Printed Name and Title)</b> Judith A. Towner Sr. H612		<b>SIGNATURE</b> Judith A. Towner		<b>DATE</b> 11/2/99	

NRC FORM 241 (5-96)

PDR STPRG.

NE05 RETURN TO REGION I

**SUPPLEMENTAL SHEET TO**  
**NRC FORM 241**  
**CLARIFICATION REPORT**

**Date:** November 2, 1999

**Licensee:** Duke Engineering and Services

**License:** Commonwealth of Massachusetts Materials License 14-5971

**Facility and personnel located:** Environmental Laboratory  
25 Research Dr.  
Westboro, MA 01581

**Item 8:**

The licensee will perform the following activities in non-agreement states:

The placement of multiple nuclides with various activities into humanoid lungs and GI tract phantoms. These phantoms will be placed through or into portal monitors to determine sensitivity levels.

**Item 9:**

Client : Control Number 000686

Vermont Yankee  
P.O. Box 157  
Governor Hunt Rd.  
Vernon, VT 05354

**Item 10:**

The work will be taking place on site at Vermont Yankee.

**Item 11:**

The client contact will be Pat Lafrat (802) 258-5475.

**Item 12:**

The individual performing the work will be Mike Wynn.

**Item 13:**

The work location's telephone number (802) 258-5475

**Items 14**

The work is scheduled to be performed on November 4 and 5, 1999.

**Item 15:**

The work is scheduled to last for two day.

**Item 16:**

Reference location 000686.

**Item 17:**

The radioactive material to be used by the licensee will consist of:

Co-60	0.6 uCi
Cs-137	1.2 uCi
Zn-65	2.0 uCi
Cr-51	1.3 uCi