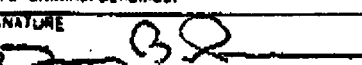
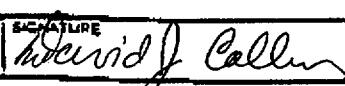


USNRC REGION II - MATERIALS LICENSING/INSPECTION BRANCHES (FAX 404-562-4955) (VERIFY 404/562-4723)


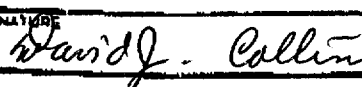
| | | | | | | | |
|--|--|--|--|---|--|---|--|
| NRC FORM 741 (8-99) 10 CFR 150 | | U. S. NUCLEAR REGULATORY COMMISSION | | APPROVED BY OMB: NO. 3190-0013 <small>Estimated burden per response is 30 minutes. The information is required to carry out the management information collection required by statute. The information is required so that NRC may determine compliance of the licensee to ensure that they are complying in accordance with requirements of the protection of the public health and safety. For more information regarding burden estimates for the information and Records Management Branch (74 F20), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Privacy Protection Officer (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.</small> | | EXPIRES: 1/30/99 | |
| REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES <small>(Please read the instructions on the cover sheet before completing this form.)</small> | | | | 1. NAME OF LICENSEE (Person or firm proposing to conduct the activity described below) S.K. MCBRYDE, INC | | 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 records may be located) P.O. BOX 579 SUMMERFIELD, NC 27358 | | | | 4. LICENSEE CONTACT JAMES E. BUCHANAN, R.S.O. | | 5. CONTROL NUMBER <small>(Leave Blank - Number to be assigned by NRC)</small> | |
| 6. TELEPHONE NUMBER (Include Area Code) 336-852-0318 | | 7. FACSIMILE NUMBER (Include Area Code) 336-632-0536 | | B. 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 (Specify) | | | | | |
| <input checked="" type="checkbox"/> RADIOGRAPHY = | | TRANSPORTATION OR PROGRAM APPROVAL NO & REV NO 0706 REVISION 1 | | REGISTERED AS USER OF PACKAGINGS (CERTIFICATES OF COMPLIANCE NOS) 9263 USA/9623/9 (U) | | | |
| 8. CLIENT NAME ADDRESS CITY COUNTY STATE ZIP CODE CAROLINA STEEL CORPORATION ABINGDON BRIDGE PLANT WASHINGTON COUNTY INDUSTRIAL PARK 15083 INDUSTRIAL PARK ROAD BRISTOL, VA 24201 | | | | 10. WORK LOCATION ADDRESS (Specify the number of other locations. Give as complete an address as possible.) (SAME AS CLIENT ADDRESS) | | | |
| 11. CLIENT TELEPHONE NUMBER (Include Area Code) 540-669-6649 | | 12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK MR. DENNIS MILLS | | 13. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 540-669-6649 | | | |
| 14. DATES SCHEDULED FROM Nov 30, 1999 Dec 2 | | TO Nov 30 Dec 2 | | 15. NUMBER OF WORK DAYS 1 1 2 days | | 16. LOCATION REFERENCE NUMBER 000217 | |
| 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 (Include description of type and quantity of radioactive material, location address, or service to be used.) SPEC MODEL 150, S/N IRIDIUM 192, MODEL G 60, S/N CURIES ON / / | | | | | | | |
| 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 (If you copies of the specific license must accompany the initial NRC Form 741.) | | | | | | | |
| LICENSE NUMBER 041-0766-1 | | STATE NORTH CAROLINA | | EXPIRATION DATE MARCH 31, 2001 | | TOTAL USAGE DAYS TO DATE 94 | |
| 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 provisions of the general license 10 CFR 150.20 recopies 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. | | | | | | | |
| CERTIFYING OFFICER - RSO or Management Representative (Typed Name and Title) JAMES E. BUCHANAN, RADIATION SAFETY OFFICER | | | | SIGNATURE  | | DATE 10/25/99 | |
| 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 OFFICER (Typed Name and Title) David J. Collins, Health Physicist (Law) Division of Nuclear Materials Safety USNRC Region II | | SIGNATURE  | | DATE 10/25/99 | |
| Enclosure 6 PDR STPRG | | | | | | | |

USNRC REGION II - MATERIALS LICENSING/INSPECTION BRANCHES (FAX 404-562-4955) (VERIFY 404/562-4723)

NRC FORM 241 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. 3150-0013 EXPIRES: 6/30/99
Estimated burden for compliance by persons with the mandatory information collection is about 18 minutes. This information is required so that NRC may determine compliance of the applicant to ensure that they are conducted in accordance with requirements for protection of the public health and safety. For more information regarding burden estimate or the information and Reporting Management Branch (74 F37), U.S. Nuclear Regulatory Commission, Washington, DC 20543-0001 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.

| | | | | | |
|---|--|---|--|---|--|
| 1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) S.K. MCBRYDE, INC | | 2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION | | 3. CONTROL NUMBER (Leave Blank - Number to be assigned by NRC) | |
| 4. ADDRESS OF LICENSEE (Mailing address or other location where records may be located) P.O. BOX 579 SUMMERFIELD, NC 27358 | | 5. LICENSEE CONTACT JAMES E. BUCHANAN, R.S.O. | | 6. TELEPHONE NUMBER (Include Area Code) 336-852-0318 | |
| | | 7. FACSIMILE NUMBER (Include Area Code) 336-632-0536 | | | |
| 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 (Specify) | | | |
| <input checked="" type="checkbox"/> RADIOGRAPHY => | | TRANSPORTATION (A PROGRAM APPROVAL NO & REV NO) 0706 REVISION 1 | | REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NOS) 9263 USA/9623/B (U) | |
| 9. CLIENT NAME ADDRESS CITY COUNTY STATE ZIP CODE CAROLINA STEEL CORPORATION ABINGDON BRIDGE PLANT WASHINGTON COUNTY INDUSTRIAL PARK 15083 INDUSTRIAL PARK ROAD BRISTOL, VA 24201 | | | | 10. WORK LOCATION ADDRESS (Street and number or other location. Give as complete an address as possible or sufficient) (SAME AS CLIENT ADDRESS) | |
| 11. CLIENT TELEPHONE NUMBER (Include Area Code) 540-669-6649 | | 12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK MR. DENNIS MILLS | | 13. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 540-669-6649 | |
| 14. DATES SCHEDULED | | 15. NUMBER OF WORK DAYS | | 16. LOCATION REFERENCE NUMBER | |
| FROM Nov 16, 1999 | | TO Nov 16 | | LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS NUMBER TO BE ASSIGNED BY NRC | |
| Nov 18 | | Nov 18 | | 000217 | |
| Nov 22 | | Nov 22 | | | |
| Nov 24 | | Nov 24 | | 14 days | |
| 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 (Include description of type and quantity of radioactive material, amount, dates of receipt to be used) | | | | | |
| SPEC MODEL 150, S/N IRIDIUM 192, MODEL G 60, S/N CURIES ON / / | | | | | |
| 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 (If one cannot be found, specify the initial NRC Form 241) | | | | | |
| LICENSE NUMBER 041-0766-1 | | STATE NORTH CAROLINA | | EXPIRATION DATE MARCH 31, 2001 | |
| | | | | TOTAL USAGE DAYS TO DATE 92 | |
| 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 provisions of the general license 10 CFR 150.20 contained on the cover sheet of this form 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 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) JAMES E. BUCHANAN, RADIATION SAFETY OFFICER | | | | SIGNATURE  | |
| | | | | DATE 10/25/99 | |
| 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) David J. Collins, Health Physicist | | SIGNATURE  | |
| | | Division of Nuclear Materials Safety USNRC Region II | | DATE OCT 25 1999 | |

Enclosure 6

USNRC REGION II - MATERIALS LICENSING/INSPECTION BRANCHES (FAX 404-562-4955) (VERIFY 404/562-4723)

NRC FORM 341 (6-90) 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. 3150-0015 **EXPIRES: 12/31/99**
Estimated burden for responses to comply with the regulatory information collection request, 16 minutes. This information is required so that NRC may determine compliance of the activities to ensure that they are conducted in accordance with requirements for protection of the public health and safety. For more comments regarding burden estimate or the information and Reporting Management Branch (7-A 720), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001 and at the Paperwork Reduction Project (7150-0017) 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)
S.K. MCBRYDE, INC

2. TYPE OF REPORT
INITIAL
REVISION
 CLARIFICATION

3. CONTROL NUMBER (Leave Blank - Number to be assigned by NRC)

4. ADDRESS OF LICENSEE (Mailing address or other location where records may be stored)
P.O. BOX 579
SUMMERFIELD, NC 27358

5. LICENSEE CONTACT
JAMES E. BUCHANAN, R.S.O.

6. TELEPHONE NUMBER (Include Area Code)
336-852-0318

7. FACSIMILE NUMBER (Include Area Code)
336-632-0536

8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

| | | |
|-----------------|----------------------------------|-------------------------------|
| WELL LOGGING | LEAK TESTING AND/OR CALIBRATIONS | TELE THERAPY/RADIATOR SERVICE |
| PORTABLE GAUGES | OTHER (Specify) | |

X RADIOGRAPHY → **TRANSPORTATION ON PROGRAM APPROVAL NO & REV NO** 0706 REVISION 1 **REGISTERED AS USER OF PACKAGINGS (CERTIFICATES OF COMPLIANCE NOS)** 9263 USA/9623/B (U)

9. CLIENT NAME ADDRESS CITY/COUNTY STATE ZIP CODE
CAROLINA STEEL CORPORATION
ABINGDON BRIDGE PLANT
WASHINGTON COUNTY INDUSTRIAL PARK
15083 INDUSTRIAL PARK ROAD
BRISTOL, VA 24201

10. WORK LOCATION ADDRESS (Street and number or other location. Give as appears on address or location as possible)
(SAME AS CLIENT ADDRESS)

11. CLIENT TELEPHONE NUMBER (Include Area Code) 540-669-6649 **12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK** MR. DENNIS MILLS **13. WORK LOCATION TELEPHONE NUMBER (Include Area Code)** 540-669-6649

14. DATES SCHEDULED

| | | |
|-------------|--------|---------------------|
| FROM | TO | NUMBER OF WORK DAYS |
| Nov 2, 1999 | Nov 2 | 1 |
| Nov 4 | Nov 4 | 1 |
| Nov 9 | Nov 9 | 1 |
| Nov 11 | Nov 11 | 1 |

15. LOCATION REFERENCE NUMBER
000217
H days

16. 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 (Include description of type and amount of radioactive material, stored sources, or devices to be used)
SPEC MODEL 150, S/N IRIDIUM 192, MODEL G 60, S/N CURIES ON 1/1

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 (If four copies of the specific license must accompany the initial NRC Form 341)

| | | | |
|----------------|----------------|-----------------|--------------------------|
| LICENSE NUMBER | STATE | EXPIRATION DATE | TOTAL USAGE DAYS TO DATE |
| 041-0766-1 | NORTH CAROLINA | MARCH 31, 2001 | 88 |

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- All information on this report is true and complete.
- 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.
- 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.
- 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.
- I understand that conduct of any activities not described above, including conduct of activities on 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/Print Name and Title) **SIGNATURE** **DATE**

JAMES E. BUCHANAN, RADIATION SAFETY OFFICER *J. Buchanan* 10/25/99

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/Print Name and Title)** **SIGNATURE** **DATE**

David J. Collins, Health Physicist *David J. Collins* OCT 25 1999

Enclosure 6