

JL SHEPHERD & ASSOCIATES

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

818-898-2361 FAX 818-361-8095

November 15, 1999

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

NOV 15 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 # 76/Timely Renewal

Dear Ms. Hernandez or Ms. Gruszynski:

Please be advised that we shall be conducting a service call at the below listed facility. Technicians Ralph Jacobs and Doyle Terry Stout, November 22, 23, 1999.

Location: Armed Forces Radiobiology Research Institute (AFFRI), National Naval Medical Center, Exposure Room 4 (FR-4) Building 45, 8901 Wisconsin Avenue, Bethesda, MD 20089. We shall install, calibrate and train personnel for use of the Model 81-18, S/N 7151, w/ 100Ci Co-60, source S/N 8471-3.

001363

This facility is on our list.


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

Very truly yours,

J. L. SHEPHERD & ASSOCIATES


Lee Weiss
Contracts Administrator

Authorizing Official:


Signature M. C. Hernandez
Radiation Specialist

Title: _____
Date: 11/17/99

PDR-STPRG



UNITED STATES
NUCLEAR REGULATORY COMMISSION

REGION IV

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

NOV 17 1999

MEMORANDUM Shirley Crutchfield
TO: License Fee & Accounts Receivable Branch (T9 E10)
FROM: Christi Hernandez
Nuclear Materials Licensing Branch, Region IV *MCW*
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 _____