
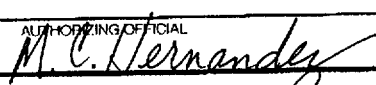


NRC FORM 241 11-94 10 CFR 150		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013 EXPIRES 3/31/96	
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES (Please read the instructions on the cover sheet before completing this form.)				ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS 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 THE PUBLIC HEALTH AND SAFETY. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (T-6 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.	
1. NAME OF LICENSEE <i>Person or firm proposing to conduct the activities described below</i> Washington State University		2. TYPE OF REPORT INITIAL <input checked="" type="checkbox"/> REVISION CLARIFICATION		3. CONTROL NUMBER (Leave Blank-Number to be assigned by NRC) DEC 3 - 1999	
4. ADDRESS OF LICENSEE <i>(Mailing address or other location where licensee may be located)</i> Radiation Safety Office Nuclear Radiation Center Pullman, WA 99164-1302		5. LICENSEE CONTACT Steve Eckberg		6. TELEPHONE NUMBER (include area code) 509 335-8574	
				7. FACSIMILE NUMBER (include area code) 509 335-1615	
8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE IN 10 CFR 150.20					
<input type="checkbox"/> WELL LOGGING		<input type="checkbox"/> LEAK TESTING AND/OR CALIBRATION		<input type="checkbox"/> TELETHERAPY/RADIATOR SERVICE	
<input type="checkbox"/> PORTABLE GAUGES		<input checked="" type="checkbox"/> OTHER <i>(Specify)</i> Use of a Valco ECD containing 5 mCi of Ni-63 to measure forest products kiln emissions.			
<input type="checkbox"/> RADIOGRAPHY ⇒		TRANSPORTATION QA PROGRAM APPROVAL NO. & REV. NO.		REGISTERED AS USER OF PACKAGES (CERTIFICATES OF COMPLIANCE NOS.	
9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE U of Idaho Moscow, Idaho Vicky Schurr, Rad. Safety 208-885-6524 or Dr. Richard Folk, FWR 208-885-5850			10. WORK LOCATION ADDRESS (Street and number or other location. Give as complete an address or direction as possible.) Field location on the roof of the Forestry, Wildlife and Range Sciences Bldg. at the U of Idaho.		
11. CLIENT TELEPHONE NUMBER (include area code) 208-885-6524		12. WORK LOCATION CONTACT Vicky Schurr		13. WORK LOCATION TELEPHONE NUMBER (include area code) 208-885-6524	
14. DATES SCHEDULED FROM December 6, 1999 TO December 31, 1999			15. NUMBER OF WORK DAYS 26	16. LOCATION REFERENCE NUMBER LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS - NUMBER TO BE ASSIGNED BY NRC 001005 001401	
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, sealed sources, or devices to be used.) Use of a Valco ECD containing 5 mCi of Ni-63 to measure forest products kiln emissions.					
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 WN-C003-1		STATE Washington		EXPIRATION DATE June 30, 1999, 1yr of Timely Renewal previously sent.	TOTAL USAGE DAYS TO DATE 47 days with this request.
19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)					
10. 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 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.					
SIGNATURE - CERTIFYING OFFICER (Print or Management Representative) 		TYPE/PRINTED NAME Steve Eckberg		TITLE Assistant Director	DATE Dec. 3, 1999
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 		TITLE M. C. Hernandez Radiation Specialist	DATE 12/13/99

PDR STPRG

NE05
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UNITED STATES
NUCLEAR REGULATORY COMMISSION

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

December 13, 1999

MEMO TO: Shirley Crutchfield
License Fee & Accounts Receivable Branch (T9 E10)

FROM: Christi Hernandez, Radiation Specialist
Nuclear Materials Licensing Branch, Region IV *MCH*

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: Washington State University
Agreement State License: WN C003-1

3. FEE ATTACHED

Amount: \$ _____ Check: # _____

4. COMMENTS Licensee claims fee exempt status as non-profit educational institution

B. LICENSE FEE & DEBT COLLECTION BRANCH

1. Fee Category and Amount: _____

2. Correct Fee Paid. Submittal may be processed for:

General License _____

Revision _____

Signed _____ Date _____