

NRC FORM 241 (8-98) 10 CFR 150		U. S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013 Estimated burden per response to comply with this mandatory information collection request: 16 minutes. This notification is required so that NRC may schedule inspections 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.		EXPIRES: 6/30/99		
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES (Please read the instructions on the cover sheet before completing this form.)				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)		
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) Duke Engineering and Services				5. LICENSEE CONTACT James E. Rohrbacher (RSO)		7. FACSIMILE NUMBER (Include Area Code) (978) 568-2520		
4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) Duke Engineering and Services 400 Donald Lynch Blvd. Marlborough, MA 01752 (see attached)				6. TELEPHONE NUMBER (Include Area Code) (978) 568-2545		7. FACSIMILE NUMBER (Include Area Code) (978) 568-2520		
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 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.)				
9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE See initial filing of Form 241				10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible.) See attached clarification supplement				
11. CLIENT TELEPHONE NUMBER (Include Area Code) See attached		12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK See attached			13. WORK LOCATION TELEPHONE NUMBER (Include Area Code) See attached			
14. DATES SCHEDULED FROM TO				15. NUMBER OF WORK DAYS		16. LOCATION REFERENCE NUMBER LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS NUMBER TO BE ASSIGNED BY NRC		
See attached		See attached		See attached		00686		
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.) See attached clarification supplement								
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 14-5971		STATE Massachusetts		EXPIRATION DATE September 30, 2004		TOTAL USAGE DAYS TO DATE 58 CKB		
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 described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.								
CERTIFYING OFFICER - RSO or Management Representative (Typed/Printed Name and Title) James E. Rohrbacher RSO				SIGNATURE James E. Rohrbacher		DATE 12-15-99		
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 (Typed/Printed Name and Title) Judith A. Jantze Sr. CKB 12/15/99			SIGNATURE Judith A. Jantze		DATE 12/16/99	

PDL RC

NE05 RETURN TO REGION I

SUPPLEMENTAL SHEET TO
NRC FORM 241
CLARIFICATION REPORT

Date: December 15, 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:

Provide calibration and quality assurance for whole body counting equipment

Item 9:

Client : Control Number: 00686

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 in their whole body counting facility.

Item 11:

The client contact will be Pat LaFrane and he can be reached at (802) 257-7711 ext-5475.

Item 12:

The work will be performed by Milton Thisell.

Item 13:

The work location's telephone number (802) 257-7711 X-5481

Items 14

The work is scheduled to be performed on December 20, 1999.

Item 15:

The work is scheduled to last for one day.

Item 16:

Location Reference Number: 00686

Item 17:

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

Ce-144	0.04 uCi
Co-60	0.69 uCi
Cs-134	0.15 uCi
Cs-137	1.1 uCi
I-131	0.6 uCi