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P.02/02

NRC FORM 241  
(7-1989)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 1  
Estimated burden per response to comply with this mandatory  
request: 15 minutes. This notification is required so that  
schedule inspection of the activities to ensure that they are in  
accordance with requirements for protection of the public  
safety. Send comments regarding burden estimate to the  
Management Branch (T-6 Eb), U.S. Nuclear Regulatory Com-  
mission, Washington, DC 20535-0001, or by internal e-mail to bjs1  
and to the Desk Officer, Office of Information and Regulatory  
NEOB-10202, (3150-0013), Office of Management and  
Washington, DC 20503. If a means used to impose an in-  
collection does not display a currently valid OMB control nu-  
NRC may not conduct or sponsor, and a person is not re-  
sponding to, the information collection.

# REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS

(Please read the instructions before completing this form)

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)

CODE SERVICES

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)

26412 OLD HIGHWAY 20  
MADISON, AL 35756

2. TYPE OF REPORT

☐ INITIAL ☐ REVISION ☐ CLARIFICATION

4. LICENSEE CONTACT AND TITLE

CHRIS CHANDLER, RSO

5. TELEPHONE NUMBER  
(Include Area Code)

256-340-1117

6. FACSIMILE NUMBER  
(Include Area Code)

256-340-1132

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

- ☐ WELL LOGGING ☐ LEAK TESTING AND/OR CALIBRATIONS ☐ TELETHERAPY/IRRADIATOR SERVICE  
☐ PORTABLE GAUGES ☐ OTHER (Specify) ⇒  
☒ RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE

M.S.D Mechanical  
Redstone Arsenal9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION  
(Street and Number or other location. Give as complete an address or directions as possible)Bldg 4505, Martin Rd  
Arsenal10. CLIENT TELEPHONE NUMBER  
(Include Area Code)11. WORK LOCATION TELEPHONE NUMBER  
(Include Area Code)

12. DATES SCHEDULED

FROM

11/2/01

TO

11/2/01

13. NUMBER OF  
WORK DAYS

1

14.  
ADD15.  
DELETE16. LOCATION  
REFERENCE NUMBERNUMBER TO BE  
ASSIGNED BY NRC

000062

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE

17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED  
(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)

IR 192

Amersham 660B SINS4157 B3410 31.2 ci

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

1075

STATE

AL

EXPIRATION DATE

12-31-02

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- All information in this report is true and complete.
- I have read and understand the provision of the general license 10 CFR 150.20 reprinted on the instructions 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 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 in calendar year. With the exception of work conducted in off-shore waters, which is authorized for an unlimited period of time in the 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 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 (Name and Title)

CHRIS CHANDLER, RSO

SIGNATURE

DATE

10-30-01

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

REV

OFFICIAL (Typed/Printed Name and Title)

Janice H. Kirby  
Licensing Assistant

SIGNATURE

DATE

TOTAL USAGE - DAYS TO DA