

DATE: 1/8/02

TO: Shirley Crutchfield, OCFO/DAF/LFARB
FROM: Sheryl Villar, RI/DNMS/LAT

Region I Transmittal Form for
Reciprocity Submittals (NRC FORM 241)

(☒) INITIAL 241 PACKAGE

() REVISION

LICENSEE NAME: ARCADIS G&M

LICENSE NO. MD-03-058-01

CHECK NO. 30529 CHECK AMOUNT \$ 1,400.00

PACKAGE ACCESSION NO. IN ADAMS: ML 020100003

ATTACHMENTS:

- ☒ 1. CHECK
- ☒ 2. COPY OF CHECK

Log	<u>Jan 4 241</u>
Remitter	
Check No.	<u>30529</u>
Amount	<u>\$1400</u>
Fee Category	<u>16</u>
Type of Fee	<u>App</u>
Date Check Rec'd.	<u>1/17/02</u>
Date Completed	<u>1/17/02</u>
By:	<u>SC</u>

Rev. 04/19/01

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