

NRC FORM 241
(7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013

EXPIRES: 07/31/2002

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

2. TYPE OF REPORT



INITIAL



REVISION



CLARIFICATION

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

26412 OLD HWY 20
MADISON, AL 35756

4. LICENSEE CONTACT AND TITLE

CHRIS CHANDLER, RSO

5. TELEPHONE NUMBER
(Include Area Code)

256-340-1117

6. FACSIMILE NUMBER
(Include Area Code)

256-340-1134

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

WASHINGTON GROUP
RAYTHEON CONSTRUCTORS
BLDG. 57 - 210 WEBSTER RD.
PINE BLUFF, AR 716029. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION
(Street and Number or other location. Give as complete an address or directions as possible.)PINE BLUFF ARSENAL
PINE BLUFF, AR 7160210. CLIENT TELEPHONE NUMBER
(Include Area Code)

870-850-1705

11. WORK LOCATION TELEPHONE NUMBER
(Include Area Code)

SAME

12. DATES SCHEDULED

FROM

1-21-02

TO

1-25-02

13. NUMBER OF
WORK DAYS

5

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

000 180

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 SN 01314B 32832 26.6 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 9
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 or 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 days 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

1/18/02

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

REVIEWING OFFICIAL (Typed Name and Title)

David J. Collins, Health Physicist

SIGNATURE

DATE

1/18/02

TOTAL USAGE - DAYS TO DATE

NRC FORM 241 (7-1999)

USNRC Region II

PRINTED ON RECYCLED PAPER

FAX (404) 562-4955 / VERIFY (404) 562-4719

USNRC Region II - Atlanta GA