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NRC FORM 341 (2-2002)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013 Estimated burden per response to comply with this mandatory collection request 15 minutes. This collection is required as that NRC may schedule inspection of the facilities to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Send comments regarding burden estimate or the Records Management Branch (7-5150), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to: records@nrc.gov , and to the Desk Officer, Office of Information and Regulatory Affairs, NRC-10802, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a person used to impose an information collection does not display a currently valid OMB control number, the NRC may not publish or sponsor, and a person is not required to respond 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)				2. TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION	
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) Tri-State Testing Services, Inc.		4. LICENSEE CONTACT AND TITLE William E. Jackson RSO			
3. ADDRESS OF LICENSEE (Including address or other location where response may be received) 6756 Buckles Cove Memphis, TN 38133		5. TELEPHONE NUMBER (Include Area Code) (901) 385-1199		6. FACSIMILE NUMBER (Include Area Code) (901) 386-6614	
7. ACTIVITIES TO BE CONDUCTED 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"/> TELETHERAPY/IRRADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) <input checked="" type="checkbox"/> RADIOGRAPHY REGISTERED AS (TYPE OF PACKAGING) (CERTIFICATE OF COMPLIANCE NUMBERS) USA/91577R(-)-85					
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE U.S. Navy - Large Cavitation Channel 2700 Channel Avenue Memphis, TN 38113			9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) LCC 2700 Channel Avenue Memphis, TN 38113		
10. CLIENT TELEPHONE NUMBER (Include Area Code) (901) 947-3117			11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) (901) 947-3117		
12. DATES SCHEDULED FROM 1/22/03 TO 1/28/03		13. NUMBER OF WORK DAYS 5	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC 000089
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.) IR192 Source in Industrial Nuclear Exposure Device- Model IR100 - Source Model 32 Radiation readings will be taken thru 10 ft. of water - No actual film radiography to be performed.					
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 17 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 341.)			LICENSE NUMBER R-75210-COS/W	STATE TN	EXPIRATION DATE
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 back of this form; and I understand that I am required to comply with those provisions as to all byproduct, source, or special nuclear materials 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. With the exception of work conducted in off-shore waters, which is authorized for an unlimited period of time in the 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. e. I understand that conduct of any activities not described above, including conduct of activities on sites 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) William E. Jackson RSO			SIGNATURE [Signature]		DATE 1/02/03
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 virtually false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.					
FOR NRC USE ONLY	RE JANICE H. KIRBY Licensing Assistant	DATE 1/02/03	SIGNATURE [Signature]	DATE 1/02/03	TOTAL USAGE - DAYS TO DATE 5

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF RADIOLOGICAL HEALTH

RADIOACTIVE MATERIAL LICENSE

Amendment 12

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License Number R-79210-C05

Tri-State Testing Services, Inc.
6756 Buckles Cove
Memphis, Tennessee 38133

Attention: William E. Jackson, Radiation Safety Officer

Gentlemen:

Your Tennessee Radioactive Material License number R-79210-C00 is amended as follows:

To change items 3 and 4. These items will now read as follows:

3. R-79210-C05
4. March 31, 2005

All other parts of this license remain unchanged.

Date: December 1, 1999

For the Commissioner
Tennessee Department of
Environment and Conservation

By Gerald W. Bacon
Gerald W. Bacon
Health Physicist
Division of Radiological Health

