

US NRC REGION 2

404 562 4955

04/28 '03 16:58 NO.575 01/01

NRC FORM 241 (4-2002)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0012 Estimated burden per response to comply with this mandatory collection request: 15 minutes. This notification is required so that NRC may schedule inspection of the activities to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Send comments regarding burden estimates to the Regulatory Management Branch (7-6 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet: infocoll@nrc.gov , and to the Desk Officer, Office of Information and Regulatory Affairs, AECB-10202, (3150-0012), Office of Management and Budget, Washington, DC 20503. If a means used to impose a information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.		EXPIRES: 06/31/20	
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)				2. TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION			
CODE SERVICES, INC.							
3. ADDRESS OF LICENSEE (Mailing address, or other location where licensee may be located)				4. LICENSEE CONTACT AND TITLE			
2205 HWY 20 DECATUR, AL 35601				JAMES CHANDLER, RSO			
				5. TELEPHONE NUMBER (Include Area Code)	6. FACSIMILE NUMBER (Include Area Code)		
				256-340-1117	256-340-1134		
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"/> TELE THERAPY/RADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) \Rightarrow <input checked="" type="checkbox"/> RADIOGRAPHY \Rightarrow REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBER)							
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE			9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or direction as possible.)				
WASHINGTON DEMILITARIZATION CO BLDG. 57 - 210 WEBSTER RD. PINE BLUFF, AR 71602			PINE BLUFF ARSENAL				
10. CLIENT TELEPHONE NUMBER (Include Area Code)			11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)				
870-850-1705			SAME				
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER		
FROM 4/28/03 TO 5/4/03 -5/9/03		7	0		NUMBER TO BE ASSIGNED BY NRC 000006		
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 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 SPEC SPEC - 150 S/N KB1702 0001 52 cl							
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 241.)			LICENSE NUMBER	STATE	EXPIRATION DATE		
			1075	AL	12-31-07		
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 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.							
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 100 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 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)			SIGNATURE		DATE		
JAMES CHANDLER, RSO					4/28/03		
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 knowingly false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.							
FOR NRC USE ONLY		JANICE H. KIRBY Licensing Assistant		SIGNATURE	DATE		
					4/28/03		
				DATE	TOTAL USAGE - DAYS TO DATE		