

**REPORT OF PROPOSED ACTIVITIES IN
NON-AGREEMENT STATES, AREAS OF EXCLUSIVE
FEDERAL JURISDICTION, OR OFFSHORE WATERS***(Please read the instructions before completing this form)*

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 estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to: infocollections@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NE08-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose an 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.

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

CODE SERVICES, INC.

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

2205 HWY 20
DECATUR, AL 35601

2. TYPE OF REPORT

☒ INITIAL ☐ REVISION ☐ CLARIFICATION

4. LICENSEE CONTACT AND TITLE

JAMES 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

BE & K / WESTINGHOUSE
ANNISTON ARMY DEPOT
GATE 5A, MORRISVILLE RD.
BYNUM, AL 362539. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION
(Street and Number or other location. Give as complete an address or directions as possible.)

SAME

10. CLIENT TELEPHONE NUMBER
(Include Area Code)

256-240-2281

11. WORK LOCATION TELEPHONE NUMBER
(Include Area Code)

same

12. DATES SCHEDULED

FROM

8/4/03

TO

8/4/03

13. NUMBER OF
WORK DAYS

1

14. ADD

15. DELETE

16. LOCATION
REFERENCE NUMBERNUMBER TO BE
ASSIGNED BY NRC

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 Spec - 150 SN KE2908 267 62.6 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 8
ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)

LICENSE NUMBER

1075

STATE

AL

EXPIRATION DATE

12-31-03

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's 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)

JAMES CHANDLER, RSO

SIGNATURE

DATE

8/4/03

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 willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

FOR NRC
USE ONLYJanice H. Kirby
Licensing Assistant

SIGNATURE

DATE

TOTAL USAGE - DAYS TO DATE

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

(Please read the instructions before completing this form)

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 08/31/07
Estimated burden per response to comply with this mandatory collection request: 15 minutes. This notification is required so that NRC can 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 estimate to the Regulatory Management Branch (7-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail: infocollections@nrc.gov, and to the Desk Officer, Office of Information & Regulatory Affairs, NEOD-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose 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.

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CODE SERVICES, INC.

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

2205 HWY 20
DECATUR, AL 35601

2. TYPE OF REPORT

☒ INITIAL ☐ REVISION ☐ CLARIFICATION

4. LICENSEE CONTACT AND TITLE

JAMES 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/RADIATOR SERVICE☐ PORTABLE GAUGES ☐ OTHER (Specify) \Rightarrow ☒ RADIOGRAPHY \Rightarrow

REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

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

BE & K / WESTIN3HOUSE
ANNISTON ARMY DEPOT
GATE 5A, MORRISVILLE RD.
BYNUM, AL 36253

contact: KEN MORROW

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION
(Street and Number or other location. Give as complete an address or directions as possible.)

SAME

10. CLIENT TELEPHONE NUMBER
(Include Area Code)

256-240-2281

11. WORK LOCATION TELEPHONE NUMBER
(Include Area Code)

same

12. DATES SCHEDULED

FROM

8/4/03

TO

8/4/03

13. NUMBER OF
WORK DAYS

1

14. ADD

15. DELETE

16. LOCATION
REFERENCE NUMBERNUMBER TO BE
ASSIGNED BY NRC

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 Amersham 660B B2832 S/N E762 592ci

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

12-31-03

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.
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- 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)

JAMES CHANDLER, RSO

SIGNATURE

DATE

8/4/03

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FOR NRC
USE ONLY

REVIEWING OFFICIAL (Typed/Printed Name and Title)

SIGNATURE

DATE

TOTAL USAGE - DAYS TO DATE

Customer cancelled

NRC FORM 241
(8-2002)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 150-0013

EXPIRES: 08/31/2004

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

(Please read the instructions before completing this form)

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

CODE SERVICES, INC.

2. TYPE OF REPORT

☒ INITIAL ☐ REVISION ☐ CLARIFICATION

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

2205 HWY 20
DECATUR, AL 35601

4. LICENSEE CONTACT AND TITLE

JAMES 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 ☐ THERAPY/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

BE & K / WESTINGHOUSE
ANNISTON ARMY DEPOT
GATE 5A, MORRISVILLE RD.
BYNUM, AL 36253

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION

(Street and Number or other location. Give as complete an address or directions as possible.)

SAME

10. CLIENT TELEPHONE NUMBER
(Include Area Code)

256-240-2281

11. WORK LOCATION TELEPHONE NUMBER
(Include Area Code)

same

12. DATES SCHEDULED

13. NUMBER OF
WORK DAYS

14.
ADD

15.
DELETE

16. LOCATION
REFERENCE NUMBER

FROM

TO

8/4/03

8/4/03

1

NUMBER TO BE
ASSIGNED BY NRC

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 B2832 S/N E762 592ci

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 this specific license must accompany the initial NRC Form 241.)

LICENSE NUMBER

1075

STATE

AL

EXPIRATION DATE

12-31-03

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

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- 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.
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CERTIFYING OFFICER - RSO or Management Representative (Name and Title)

JAMES CHANDLER, RSO

SIGNATURE

DATE

8/4/03

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FOR NRC
USE ONLY

REVIEWING OFFICIAL (Typed/Printed Name and Title)

SIGNATURE

DATE

TOTAL USAGE - DAYS TO DATE

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

(Please read the instructions before completing this form)

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CODE SERVICES, INC.

2. TYPE OF REPORT

☒ INITIAL ☐ REVISION ☐ CLARIFICATION

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

2205 HWY 20
DECATUR, AL 35601

4. LICENSEE CONTACT AND TITLE

JAMES 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) \Rightarrow
☒ RADIOGRAPHY \Rightarrow REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

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

BE & K / WESTINGHOUSE
ANNISTON ARMY DEPOT
GATE 5A, MORRISVILLE RD.
BYNUM, AL 362539. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION
(Street and Number or other location. Give as complete an address or directions as possible.)

SAME

10. CLIENT TELEPHONE NUMBER
(Include Area Code)

256-240-2281

11. WORK LOCATION TELEPHONE NUMBER
(Include Area Code)

same

12. DATES SCHEDULED

FROM

8/4/03

TO

8/4/03

13. NUMBER OF
WORK DAYS

1

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

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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 150 SN KE2908 267 62.6 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 8
ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)

LICENSE NUMBER

1075

STATE

AL

EXPIRATION DATE

12-31-03

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

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CERTIFYING OFFICER - RSO or Management Representative (Name and Title)

JAMES CHANDLER, RSO

SIGNATURE

DATE

8/4/03

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FOR NRC
USE ONLY

REVIEWING OFFICIAL (Typed/Printed Name and Title)

SIGNATURE

DATE

TOTAL USAGE - DAYS TO DATE

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

(Please read the instructions before completing this form)

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 08/31/20
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CODE SERVICES, INC.

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

2205 HWY 20
DECATUR, AL 35601

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☒ INITIAL ☐ REVISION ☐ CLARIFICATION

4. LICENSEE CONTACT AND TITLE

JAMES CHANDLER, RSO

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(Include Area Code)

256-340-1117

6. FACSIMILE NUMBER
(Include Area Code)

256-340-1134

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☐ PORTABLE GAUGES ☐ OTHER (Specify) \Rightarrow _____
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ANNISTON ARMY DEPOT
GATE 5A, MORRISVILLE RD.
BYNUM, AL 362539. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION
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(Include Area Code)

256-240-2281

11. WORK LOCATION TELEPHONE NUMBER
(Include Area Code)

same

12. DATES SCHEDULED

FROM

8/4/03

TO

8/4/03

13. NUMBER OF
WORK DAYS

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14. ADD

15. DELETE

16. LOCATION
REFERENCE NUMBERNUMBER TO BE
ASSIGNED BY NRC

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IR - 192 Spec 150 SN KE2908 267 62-b ci

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LICENSE NUMBER

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STATE

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CERTIFYING OFFICER - RSO or Management Representative (Name and Title)

JAMES CHANDLER, RSO

SIGNATURE

DATE

8/4/03

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FOR NRC
USE ONLY

REVIEWING OFFICIAL (Typed/Printed Name and Title)

SIGNATURE

DATE

TOTAL USAGE - DAYS TO DATE

TRANSMIT MESSAGE CONFIRMATION REPORT

NAME: US NRC REGION 2
TEL : 404 562 4955
DATE: 08/04/03 09:18

TRANSMIT: 82563401134			DURATION	PAGE	SESS	RESULT
TYPE : MEMORY TX	MODE	E - 14	00'51	01	550	OK

NRC FORM 241 (8-2002)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 2160-0013 Expires: 08/31/2004 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 Record Management Branch (T-5 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001 or by Internet e-mail: info@nrc.gov. And to the Desk Officer, Office of Information and Regulatory Affairs, NEOS-10203, (2150-0013), Office of Management and Budget, Washington, DC 20503. If a means is 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.	
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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.		4. LICENSEE CONTACT AND TITLE JAMES CHANDLER, RSO			
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)		5. TELEPHONE NUMBER (Include Area Code)		6. FACSIMILE NUMBER (Include Area Code)	
2205 HWY 20 DECATUR, AL 35601		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"/> THERAPY/IRRADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) _____ <input checked="" type="checkbox"/> RADIOGRAPHY <input checked="" type="checkbox"/> REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)					
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE BE & K / WESTINGHOUSE ANNISTON ARMY DEPOT GATE 5A, MORRISVILLE RD. BYNUM, AL 36253 contact: KEN MORROW			9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location, Give as complete an address or direction as possible) SAME		
10. CLIENT TELEPHONE NUMBER (Include Area Code) 256-240-2281			11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) SAME		
12. DATES SCHEDULED FROM 8/4/03 TO 8/4/03		13. NUMBER OF WORK DAYS 1	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC
17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.					
18. 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 - 150 SN KE2908 267 62.6 ci					
19. AGREEMENT STATE REVIEWS LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SUBJECT OF THIS REPORT FOR LOCATION OF USE AS SPECIFIED IN ITEM 1 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)			LICENSE NUMBER 1075		STATE AL
			EXPIRATION DATE 12-31-03		
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 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's 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) JAMES CHANDLER, RSO			SIGNATURE 		DATE 8/4/03
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 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		Name and Title Janice H. Kirby Licensing Assistant	SIGNATURE 		DATE 8/4/03
		TOTAL USAGE - DATE TO DATE			