

NRC FORM 241 (7-1995)		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 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 (7-6 ES), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to 6151@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-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.		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) Applied Technical Services, Inc.				2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION			
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 1190 Atlanta Industrial Drive Marietta, GA 30066				4. LICENSEE CONTACT AND TITLE Gene Mock - RSO			
				5. TELEPHONE NUMBER (Include Area Code) 770-423-1400		6. FACSIMILE NUMBER (Include Area Code) 770-514-3299	
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) \Rightarrow _____ <input checked="" type="checkbox"/> RADIOGRAPHY \Rightarrow REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)							
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE Grady Crawford Construction Co. P.O. Box 679 Baton Rouge, LA. 70821				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Identify and Number or other location. Give as complete an address or directions as possible.) Dobbins AFB NAVAL TANK FARM Marietta GA			
				10. CLIENT TELEPHONE NUMBER (Include Area Code) 225-272-2360		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 770-424-0988	
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD		15. DELETE	
FROM 4-23-03		TO 4-23-03		1			
						16. LOCATION REFERENCE NUMBER 000625	
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.) Iridium 192 - See attached sheet							
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. (Attach a copy of the specific license must accompany the initial NRC Form 241.)				LICENSE NUMBER GAB96-1		STATE GA	
				EXPIRATION DATE 10/31/03			
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 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) Ron Johnston - NDT 1A Manager				SIGNATURE Ron Johnston		DATE 4-23-03	
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 agency of the United States as to any matter within its jurisdiction.							
FOR NRC USE ONLY		REV Janice H. Kirby Licensing Assistant		SIGNATURE Janice H. Kirby		DATE 4/22/03	
TOTAL USAGE - DAYS TO DATE							



AEA Technology
QSA Inc.

40 North Avenue

Burlington, MA 01803

Telephone (781) 272-2000

Telephone (800) 815-1383

Facsimile (781) 273-2216

Source Certificate

Radionuclide: *Ir192*

(ISO/ANSI Classification: *C63335*)

IAEA Special Form Reference Number: *USA/0335/S*

Measured Equivalent Activity on *Jan-21-2003*
110.8 Ci *4.1 TBq*

Holder/Capsule #: **08556B**

Source Model: *424-9*

Product Code: *ICUCF100*

Sales Order: *128167 AEA TECHNOLOGY QSA, INC./SENTIN*

Source Physical Size: Actual		Nominal	
	(mm)	(in)	
Diameter	<i>3.000</i>	<i>0.118</i>	<i>0.000</i>
Length	<i>3.000</i>	<i>0.118</i>	<i>0.000</i>
Diagonal	<i>4.243</i>	<i>0.167</i>	<i>0.000</i>

Quality Control Tests *Jan-21-2003*

Wipe Test A: *<0.00045 uCi*

Vacuum Bubble Test: *Passed*

Tensile Test: *Passed*

Wipe Test B: *<0.00045 uCi*

Decay Data:

Technician: *Neg Blute*

Activity in Curies						
Date	Date +1	Date +2	Date +3	Date +4	Date +5	Date +6
110.8	109.8	108.7	107.7	106.7	105.7	104.7
103.7	102.8	101.8	100.9	99.9	99.0	98.1
97.1	96.2	95.3	94.4	93.6	92.7	91.8
91.0	90.1	89.3	88.4	87.6	86.8	86.0
85.2	84.4	83.6	82.8	82.0	81.3	80.5
79.8	79.0	78.3	77.5	76.8	76.1	75.4
74.7	74.0	73.3	72.6	71.9	71.3	70.6
69.9	69.3	68.6	68.0	67.4	66.7	66.1
65.5	64.9	64.3	63.7	63.1	62.5	61.9
61.3	60.7	60.2	59.6	59.1	58.5	58.0
57.4	56.9	56.3	55.8	55.3	54.8	54.3
53.8	53.3	52.8	52.3	51.8	51.3	50.8
50.3	49.9	49.4	48.9	48.5	48.0	47.6
47.1	46.7	46.3	45.8	45.4	45.0	44.6
44.1	43.7	43.3	42.9	42.5	42.1	41.7
41.3	40.9	40.6	40.2	39.8	39.4	39.1
38.7	38.3	38.0	37.6	37.3	36.9	36.6
36.2	35.9	35.6	35.2	34.9	34.6	34.3
33.9	33.6	33.3	33.0	32.7	32.4	32.1
31.8	31.5	31.2	30.9	30.6	30.3	30.0
29.7	29.5	29.2	28.9	28.7	28.4	28.1
27.9	27.6	27.3	27.1	26.8	26.6	26.3
26.1	25.8	25.6	25.4	25.1	24.9	24.7
24.4	24.2	24.0	23.7	23.5	23.3	23.1
22.9	22.7	22.4	22.2	22.0	21.8	21.6
21.4	21.2	21.0	20.8	20.6	20.4	20.2
20.1	19.9	19.7	19.5	19.3	19.1	19.0
18.8	18.6	18.4	18.3	18.1	17.9	17.7
17.6	17.4	17.3	17.1	16.9	16.8	16.6
16.5	16.3	16.2	16.0	15.9	15.7	15.6
15.4	15.3	15.1	15.0	14.8	14.7	14.6
14.4	14.3	14.2	14.0	13.9	13.8	13.6
13.5	13.4	13.3	13.1	13.0	12.9	12.8
12.7	12.5	12.4	12.3	12.2	12.1	12.0
11.9	11.7	11.6	11.5	11.4	11.3	11.2
11.1	11.0	10.9	10.8	10.7	10.6	10.5
10.4	10.3	10.2	10.1	10.0	9.9	9.8
9.7	9.6	9.5	9.5	9.4	9.3	9.2
9.1	9.0	8.9	8.9	8.8	8.7	8.6
8.5	8.5	8.4	8.3	8.2	8.1	8.1
8.0	7.9	7.8	7.8	7.7	7.6	7.5
7.5	7.4	7.3	7.3	7.2	7.1	7.1
7.0	6.9	6.9	6.8	6.7	6.7	6.6
6.6	6.5	6.4	6.4	6.3	6.3	6.2
6.2	6.1	6.0	6.0	5.9	5.9	5.8
5.7	5.7	5.6	5.6	5.5	5.5	5.4
5.4	5.3	5.3	5.2	5.2	5.1	5.1
5.0	5.0	4.9	4.9	4.9	4.8	4.8
4.7	4.7	4.6	4.6	4.5	4.5	4.5
4.4	4.4	4.3	4.3	4.3	4.2	4.2
4.1	4.1	4.1	4.0	4.0	3.9	3.9
3.9	3.8	3.8	3.8	3.7	3.7	3.7

Activity in Tera-Bequerels						
Date	Date +1	Date +2	Date +3	Date +4	Date +5	Date +6
4.09	4.06	4.02	3.98	3.94	3.91	3.87
3.83	3.80	3.76	3.73	3.69	3.66	3.62
3.59	3.55	3.52	3.49	3.46	3.42	3.39
3.36	3.33	3.30	3.27	3.24	3.21	3.18
3.15	3.12	3.09	3.06	3.03	3.00	2.97
2.95	2.92	2.89	2.86	2.84	2.81	2.78
2.76	2.73	2.71	2.68	2.66	2.63	2.61
2.58	2.56	2.53	2.51	2.49	2.46	2.44
2.42	2.40	2.37	2.35	2.33	2.31	2.29
2.26	2.24	2.22	2.20	2.18	2.16	2.14
2.12	2.10	2.08	2.06	2.04	2.02	2.00
1.99	1.97	1.95	1.93	1.91	1.89	1.87
1.86	1.84	1.82	1.80	1.79	1.77	1.76
1.74	1.72	1.71	1.69	1.67	1.66	1.65
1.63	1.61	1.60	1.58	1.57	1.55	1.54
1.52	1.51	1.50	1.48	1.47	1.45	1.44
1.43	1.41	1.40	1.39	1.38	1.36	1.35
1.33	1.32	1.31	1.30	1.29	1.28	1.26
1.25	1.24	1.23	1.22	1.20	1.19	1.18
1.17	1.16	1.15	1.14	1.13	1.12	1.11
1.09	1.09	1.08	1.06	1.06	1.05	1.03
1.03	1.02	1.01	1.00	0.99	0.98	0.97
0.96	0.95	0.94	0.93	0.92	0.92	0.91
0.90	0.89	0.88	0.87	0.86	0.86	0.85
0.84	0.83	0.82	0.82	0.81	0.80	0.79
0.79	0.78	0.77	0.76	0.76	0.75	0.74
0.74	0.73	0.72	0.72	0.71	0.70	0.70
0.69	0.68	0.68	0.67	0.66	0.66	0.65
0.65	0.64	0.64	0.63	0.62	0.62	0.61
0.61	0.60	0.59	0.59	0.58	0.58	0.57
0.56	0.56	0.55	0.55	0.54	0.54	0.54
0.53	0.52	0.52	0.51	0.51	0.51	0.50
0.49	0.49	0.49	0.48	0.48	0.47	0.47
0.46	0.46	0.45	0.45	0.45	0.44	0.44
0.44	0.43	0.42	0.42	0.42	0.41	0.41
0.41	0.40	0.40	0.39	0.39	0.39	0.38
0.38	0.38	0.37	0.37	0.37	0.36	0.36
0.35	0.35	0.35	0.35	0.34	0.34	0.34
0.33	0.33	0.32	0.32	0.32	0.32	0.31
0.31	0.31	0.31	0.30	0.30	0.29	0.29
0.29	0.29	0.28	0.28	0.28	0.28	0.27
0.27	0.27	0.27	0.27	0.26	0.26	0.26
0.25	0.25	0.25	0.25	0.24	0.24	0.24
0.24	0.24	0.23	0.23	0.23	0.23	0.22
0.22	0.22	0.22	0.22	0.21	0.21	0.21
0.21	0.21	0.20	0.20	0.20	0.20	0.19
0.19	0.19	0.19	0.19	0.19	0.18	0.18
0.18	0.18	0.18	0.18	0.18	0.17	0.17
0.17	0.17	0.17	0.17	0.16	0.16	0.16
0.16	0.16	0.15	0.15	0.15	0.15	0.15
0.15	0.15	0.15	0.14	0.14	0.14	0.14
0.14	0.14	0.14	0.14	0.13	0.13	0.13