

<b>NRC FORM 241</b> (8-2002)		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY OMB: NO. 3150-0013</b> 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 <a href="mailto:infocollections@nrc.gov">infocollections@nrc.gov</a> , 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.		<b>EXPIRES: 08/31/2005</b>	
<b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</b> <i>(Please read the instructions before completing this form)</i>							
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) <b>TEM</b>				2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION			
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) <b>8 BROOKES AVE. SUITE 205 CATHERS BURG MD 20877</b>				4. LICENSEE CONTACT AND TITLE <b>CAROL D BERGER, PRESIDENT</b>			
				5. TELEPHONE NUMBER (Include Area Code) <b>(410) 631-8990</b>		6. FACSIMILE NUMBER (Include Area Code) <b>(240) 631-8991</b>	
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/RADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input checked="" type="checkbox"/> OTHER (Specify) <b>⇒ SITE CHARACTERIZATION</b> <input type="checkbox"/> RADIOGRAPHY <b>⇒</b> REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)							
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE <b>AAA ENVIRONMENTAL PO Box 370 SYRACUSE, NY 13211</b>				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location Give as complete an address or directions as possible) <b>71 SHELTON AVE. NEW HAVEN, CT</b>			
				10. CLIENT TELEPHONE NUMBER (Include Area Code) <b>315-454-2000</b>		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <b>N.A.</b>	
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD		15. DELETE	
FROM <b>SEE ATTACHED LETTER</b>		TO				16. LOCATION REFERENCE NUMBER <b>000043</b>	
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.) <b>SEE ATTACHED LETTER</b>							
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 <b>MD-31-281-01</b>		STATE <b>MD</b>	
				EXPIRATION DATE <b>08/31/2010</b>			
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) <b>CAROL D BERGER, PRESIDENT</b>				SIGNATURE <b>CAROL D BERGER</b>		DATE <b>3-OCT-03</b>	
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/Printed Name and Title) <b>John McRath</b>		SIGNATURE <b>John McRath</b>		DATE <b>10/6/03</b>	
						TOTAL USAGE - DAYS TO DATE <b>29</b>	

⑤ 10/6/03

**IEM**

Integrated Environmental Management, Inc.

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Knoxville, TN 37919  
Phone: (865) 588 9180  
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<http://www.iem-inc.com>

October 3, 2003

Ms. Sheryl Villar  
U. S. Nuclear Regulatory Commission  
475 Allendale Road  
King of Prussia, PA 19406-1415

**Re: Clarification on Reciprocity Filing**

Ms. Villar:

On December 16, 2002, Integrated Environmental Management, Inc. (IEM) submitted an application to perform activities in a non-Agreement state. Our last clarification was filed on June 30, 2003. However the scope of work has expanded, thus we would like to make the following changes to our application showing a total usage of 29 days for CY 2003:

Action	Date(s)	Total On-site Work Days	Actual or Projected
Delete	February 1, 2003	0	--
No change	February 2 - 10, 2003	9	Actual
Delete	February 11 - March 16, 2003	0	--
No change	March 17, 2003	1	Actual
Delete	March 18 - April 1, 2003	0	--
Delete	June 1 - June 30, 2003	0	--
Delete	July 15 - August 15, 2003	0	--
Add	October 13 - 31, 2003	19	Projected

If you have any questions or if I can provide you with additional information, please do not hesitate to call me at (240) 631-8990. Thank you very much.

Sincerely,

Carol D. Berger, C.H.P.,  
President

cc: R. A. Duff - RSO  
B. R. Thomas - Project Manager

000043  
⑤ 10/6/03  
29 days usage