

NRC FORM 241 (8-2002)		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 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, 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: 08/31/2005	
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS <i>(Please read the instructions before completing this form)</i>							
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) CODE SERVICES, INC.				2. TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> 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 <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 WASHINGTON DEMILITARIZATION CO BLDG. 57 - 210 WEBSTER RD. PINE BLUFF, AR 71602				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) PINE BLUFF ARSENAL			
				10. CLIENT TELEPHONE NUMBER (Include Area Code) 870-850-1705		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) SAME	
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD		15. DELETE	
FROM 10/7/03 TO 10/10/03		4					
16. LOCATION REFERENCE NUMBER 000006							
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 S/N E968 B3307 55 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 9. 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 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 <i>James D Chandler</i>		DATE 10/3/03	
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		REVIEWING OFFICIAL (Typed/Printed Name and Title) John McCreath		SIGNATURE <i>John McCreath</i>		DATE 10/6/03	
						TOTAL USAGE - DAYS TO DATE 74	



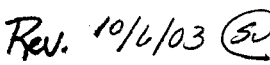
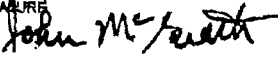
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REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS <i>(Please read the instructions before completing this form)</i>					
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) <div style="text-align: center;">CODE SERVICES, INC.</div>			2. TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION		
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) <div style="text-align: center;">2205 HWY 20 DECATUR, AL 35601</div>			4. LICENSEE CONTACT AND TITLE <div style="text-align: center;">JAMES CHANDLER, RSO</div>		
			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 <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> WELL LOGGING <input type="checkbox"/> PORTABLE GAUGES <input checked="" type="checkbox"/> RADIOGRAPHY </div> <div> <input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> OTHER (Specify) ➡ _____ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) </div> <div> <input type="checkbox"/> TELETHERAPY/IRRADIATOR SERVICE </div> </div>					
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE <div style="text-align: center;">M & D MECHANICS 1810 SHERMAN ST. SE DECATUR, AL 35602 contact; JOEL ELLIS</div>			9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION <small>(Street and Number or other location. Give as complete an address or directions as possible.)</small> <div style="text-align: center;">CORNER OF HONEST JOHN & WASP RD REDSTONE ARSENAL / ARMY</div>		
			10. CLIENT TELEPHONE NUMBER (Include Area Code) 256-214-3032		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 256-880-8120
12. DATES SCHEDULED FROM 10/6/03 TO 10/6/03		13. NUMBER OF WORK DAYS 1	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC <div style="text-align: center; font-size: 1.2em;">000605</div>
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 <small>(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)</small> <div style="text-align: center;">IR - 192 SPEC SPEC - 150 S/N KE2908 267 35 ci.</div>					
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 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 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 10/3/03
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FOR NRC USE ONLY	REVIEWING OFFICIAL (Typed/Printed Name and Title) <div style="text-align: center;">John McQuate</div>		SIGNATURE 	DATE 10/6/03	TOTAL USAGE - DAYS TO DATE 75

(52) 10/6/03

OCT-06-2003 12:05

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<input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) \Rightarrow					
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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 directions 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  10/7/03 TO 10/10/03		4			NUMBER TO BE ASSIGNED BY NRC 000006
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CERTIFYING OFFICER - RSO or Management Representative (Name and Title)			SIGNATURE	DATE	
JAMES CHANDLER, RSO				10/3/03	
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FOR NRC USE ONLY		REVIEWING OFFICIAL (Typed/Printed Name and Title)	SIGNATURE	DATE	TOTAL USAGE - DAYS TO DATE
		Rev. 10/6/03 		10/6/03	74

Postponed!
Change to next week - will fill out new form (enc)

10/6/03