



**UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION IV  
611 RYAN PLAZA DRIVE, SUITE 400  
ARLINGTON, TEXAS 76011-4005**

October 22, 2003

D-Arrow Inspection, Inc.  
ATTN: Wanda Loosier  
Operations Manager  
P.O. Box 96645  
Houston, TX 77213-6645

**SUBJECT: INITIAL NRC FORM 241 FOR CALENDAR YEAR 2003**

Ms. Loosier:

This acknowledges receipt of your initial NRC Form 241 dated October 20, 2003, and NRC Form 629 for authorization of payment by credit card for the \$1500 application fee, for proposed activities in NRC jurisdiction under the authority of the general license pursuant to 10 CFR 150.20.

Your Agreement State license is recognized as valid for the proposed use of licensed material at the locations listed on your NRC Form 241, and attachments, if any. Please be aware that working under reciprocity in NRC jurisdiction requires you to comply with NRC regulations, as described in 10 CFR 150.20.

Among other regulations, you must comply with 10 CFR Part 34, "LICENSES FOR RADIOGRAPHY AND RADIATION SAFETY REQUIREMENTS FOR RADIOGRAPHIC OPERATIONS." Effective June 27, 1997, the NRC revised 10 CFR 34 to improve both the quality and the safety of industrial radiography. These changes include (but are not limited to):

1. The NRC has adopted mandatory certification requirements for industrial radiographers. Radiographers are now required to be certified through a radiographer certification program by a certifying entity in accordance with the criteria specified in Appendix A of 10 CFR Part 34. This requirement became effective June 27, 1999. The NRC recognizes the American Society for Nondestructive Testing, Inc. (ASNT) as a Certifying Entity. The following Agreement States also administer certification programs as Certifying Entities: Georgia, Illinois, Iowa, Louisiana, Nevada, North Dakota, and Texas.
2. Survey meter calibration frequency changed from 3 months to 6 months. (NOTE: If your Agreement State License is more restrictive, you must comply with your Agreement State License.)
3. Leak testing devices containing depleted uranium (DU) for DU contamination is required at 12-month intervals.
4. An additional qualified individual, who is at least an assistant radiographer and who must observe the activities, is required when performing radiography operations.

5. A job performance inspection program is required where each individual is evaluated at 6-month intervals.
6. After each exposure, a performance based survey is required when approaching the device or guide tube to ensure the source is shielded.

The calendar year 2003 RTS Reference number for your proposed location of work is as follows. Reference numbers for other locations will be assigned when the respective clarifications are received in this office. Once assigned, please refer to the appropriate RTS Reference number in any future communications. Please recognize that your authorization is for calendar year 2003, only.

RTS Reference Number	Proposed Location of Work
1076	Optigas Inc, pipeline along Powder River, Gillette, WY

You must submit an NRC Form 241 clarification report when you propose to add locations of work, add or delete dates of work, change work site contacts, use different radioactive materials, or elect to perform additional work activities within NRC jurisdiction, and subsequently provide those changes to this office. Please note, all notifications or clarifications of work activities or changes to the information submitted on the initial NRC Form 241 must include as a minimum, the following information: licensee name, agreement state license number, location of work, dates of work, and the signature of the RSO or designee.

Information submitted on NRC Form 241 must be specific regarding the location and dates of use. The regulations require you to notify this office three days prior to any proposed generally licensed activity. However, given the nature of your licensed activity, the time requirement specified in 10 CFR 150.20(b)(1) for filing an NRC Form 241 clarification report and any subsequent notifications have been waived, provided that you:

1. Inform this office by telephone or facsimile of work activities or changes to the information submitted on the initial NRC Form 241, and
2. Receive oral or written authorization for the activities from this office, and
3. Submit written confirmation within 3 days after the notification.

Enclosed is an NRC signature copy of your NRC Form 241. We appreciate your cooperation. If you have questions concerning this letter or other aspects of working in NRC jurisdiction under reciprocity, please contact me at 817-276-6552.

Please use one of the following FAX numbers for submitting NRC Form 241 clarifications.

817-860-8263

817-860-8188

In accordance with 10 CFR 2.790 of the NRC's "Rules of Practice," a copy of this letter, its enclosure, and your response, if you provide one, will be made available electronically for public inspection in the NRC Public Document Room or from the Publicly Available Records (PARS) component of NRC's document system (ADAMS). ADAMS is accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html> (the Public Electronic Reading Room).

Sincerely,

*/RA/*

Rachel S. Browder, Health Physicist  
Nuclear Materials Licensing Branch

Enclosure: As stated

cc w/copy of NRC Form 241 and Materials License:  
Texas Radiation Control Program Director



**UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION IV  
611 RYAN PLAZA DRIVE, SUITE 400  
ARLINGTON, TEXAS 76011-8064**

October 22, 2003

MEMORANDUM TO: Brenda Brown  
License Fee and Accounts Receivable Branch (T9 E10)

FROM: Rachel S. Browder, Health Physicist **/RA/**  
Nuclear Materials Licensing Branch, Region IV

SUBJECT: FEE TRANSMITTAL

**A. Region IV**

1. NRC FORM 241 ATTACHED:

Applicant/Licensee:	D-Arrow Inspection, Inc.
NRC Form 241 Dated:	October 20, 2003
Agreement State License:	TX L03816
Program Code(s):	03320

2. FEE ATTACHED:

Amount: \$1500	NRC Form 629 "Authorization for Payment by Credit Card"
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3. COMMENTS:

**B. LICENSE FEE AND ACCOUNTS RECEIVABLE BRANCH**

1. Fee Category and Amount: \_\_\_\_\_

2. Correct Fee Paid. Submittal may be processed for:

General License \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_