

September 9, 1996

Bioenvironmental Engineering
ATTN: Captain Richard Hartman
Radiation Safety Officer
6 AMDS/SGPB
8315 Bayshore Boulevard, Bldg 710
MacDill Air Force Base, Florida 33621-1607

SUBJECT: NOTIFICATION OF RECIPROCITY RECOGNITION

Gentlemen:

The enclosures to this letter are a Report of Proposed Activities in Non-Agreement States (NRC Form 241) and an Agreement State License. This notice is provided to you as a courtesy.

This office has granted recognition of an Agreement State license for activities to be performed at your federal installation. This recognition is authorized under Title 10, Code of Federal Regulations, Part 150, Section 20 (10 CFR 150.20). The license is valid for the activities and devices described and for the time frame requested. The license does not limit the licensee to a particular location.

The licensee has been notified that there may be differences between the Agreement State regulations and NRC regulations. The licensee has been informed that NRC regulations apply whenever activities are conducted within NRC jurisdiction areas.

Further notifications of activities by this licensee within your boundaries may be made. We shall notify you should this happen. Should you have any questions concerning this matter, please call me at (404) 331-5624. My fax numbers are (404) 331-7437/5559.


Sincerely,

/s/

David J. Collins, Health Physicist
Materials Licensing/Inspection Branch 2
Division of Nuclear Materials Safety

Enclosures:

1. Form 241 - Couch, Inc.
2. State License - Florida 1241-1

 9/12/96

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PDR STPRG ESGFL
PDR

Distribution: Public
Without Enclosures 2-5

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and includes transmittal letters

09/09/96

14:06

8139732894

COUCH INC

002/007

REGION II FAX

(404) 331-7437/5559

MATERIALS LICENSING BRANCH

NRC FORM 241

(11-84)

10 CFR 150

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013
EXPIRES 3/31/96REPORT OF PROPOSED ACTIVITIES
IN NON-AGREEMENT STATES

(Please read the instructions on the cover sheet before completing this form.)

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

COUCH, INCORPORATED

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

4636 Scarborough Drive
Lutz, FL. 33549ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION 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. FORWARD COMMENTS REGARDING BURDEN
ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (T-4 P33), U.S. NUCLEAR
REGULATORY COMMISSION, WASHINGTON, DC 20555-0001, AND TO THE PAPERWORK REDUCTION
PROJECT (2180-0012), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

2. TYPE OF REPORT

☒ INITIAL

REVISION

CLARIFICATION

3. CONTROL NUMBER

(Leave Blank - Number to be
assigned by NRC)

5. LICENSEE CONTACT

Frank Rader

6. TELEPHONE NUMBER

(Include Area Code)
(813) 623-3622

7. FACSIMILE NUMBER

(Include Area Code)
(813) 620-1918

8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

WELL LOGGING

LEAK TESTING AND/OR CALIBRATIONS

TELETHERAPY/RADIATOR SERVICE

☒ PORTABLE GAUGES

OTHER (Specify)

RADIOGRAPHY

TRANSPORTATION QA PROGRAM APPROVAL NO. 6 REV. 10.

REGISTERED AS USER OF PACKAGINGS (CERTIFICATES OF COMPLIANCE NOS.)

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

MacDill A.F.B., Tampa, FL./Hills-
borough County
6TH CIVIL ENGINEERING SQDN
7621 Hillsborough LP DR
MacDill AFB, FL 33621-5207

10. WORK LOCATION ADDRESS

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

7621 Hillsborough LP DR
MACDILL AFB, FL 33621-5207

11. CLIENT TELEPHONE NUMBER

(Include Area Code)
(813) 828-4469

12. WORK LOCATION CONTACT

Mr. DAVID HANSEN

13. WORK LOCATION TELEPHONE NUMBER

(Include Area Code)
(813) 828-4469

14. DATES SCHEDULED

FROM
Sept 23, 1996TO
~~March 23, 1997~~
Dec 31, 1996
DSC 9/9/9615. NUMBER OF
WORK DAYS
180

16. LOCATION REFERENCE NUMBER

LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS -
NUMBER TO BE ASSIGNED BY NRC

- 001051

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.

17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED IN NON-AGREEMENT STATES.
(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)

TROXLER THIN LIFT GAUGE 4640B Type Cesium 137 Activity 8.0 millicuries

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

1241-1

STATE

FLORIDA

EXPIRATION DATE

10/31/1999

TOTAL USAGE DAYS TO DATE

NONE

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

10. 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 cover sheet of this form set; 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.
- 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. I am also aware that I will be responsible for any fees associated with such inspections.
- 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.

SIGNATURE - CERTIFYING OFFICER
(RSD or Management Representative)

Frank Rader

TYPEPRINTED NAME

Frank Rader

TITLE

Quality Control Mgr.

DATE

9-9-96

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

AUTHORIZING OFFICIAL

David Matten

TITLE

Health Physicist

DATE

9/9/96