

January 13, 1997

Nelson Engineering Service
ATTN: Randy N. Shaw, P.E.
1279 Highway 79
Dover, Tennessee 37058

SUBJECT: RECOGNITION OF RECIPROCITY - CALENDAR YEAR 1997

Dear Mr. Shaw:

This acknowledges receipt of your Report of Proposed Activities in Non-Agreement States (NRC Form 241) dated January 10, 1997, and facsimile copy receipt of the initial recognition fee as required by 10 CFR 150.20(b) and 10 CFR 170.31 (Category 16 - Reciprocity).

License Number R-82001-G00 issued by the State of Tennessee is recognized as valid for use in non-Agreement States for up to 180 days in **calendar year 1997 only**. We have assigned a Location Reference Number (LRN) to the site you have reported. New activities should be reported on the enclosed NRC Form 241 marked as a revision. Revisions should be faxed to NRC Region II three days in advance of the proposed activity, along with the fee for the revision. There is no limit to the number of activities reported at one time, and one fee is charged without regard to the number on the revision page. Clarifications change already-reported information or cancel jobs; they require no fee. Please indicate the already-assigned LRN for the site.

Licensed activities at Exclusive Federal Jurisdiction areas which are within the boundaries of Agreement States (including your state) are under the jurisdiction of the NRC and should be reported to us via the Form 241. We have enclosed a procedure for you to use in seeking determination of the status of federal areas. We have enclosed information on contacting other Agreement States for your convenience.

Some NRC regulations may differ from those of your Agreement State. You are responsible for the content and compliance with NRC regulations while conducting work within NRC jurisdiction. We have enclosed copies of the pertinent regulations for your use. The regulations, your license and procedures are required to be available so that staff who are occupationally exposed to radiation can view them on the way to or from licensed activities. The Commission may, at its option, conduct an inspection of your activities. Enclosed is a copy of NUREG 1600, "General Statement of Policy and Procedures for NRC Enforcement Actions." We shall notify the appropriate NRC offices and Non-Agreement States of your proposed activities.

9702100377 970113
PDR STPRG ESGTN
PDR

ST

JE 07

Our fax numbers are (404) 331-7437/5559. My telephone number is (404) 331-5624. Please call should you have questions.

Sincerely,

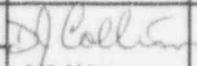



David J. Collins, Health Physicist
Materials Licensing/Inspection Branch 2
Division of Nuclear Materials Safety

Enclosures:

1. NRC Form 241 w/LRN's
2. Blank Form 241 (carbon set & fax)
3. 10 CFR Parts 19, 20, 21, 30, 71, 150, 170
4. Form NRC-3
5. NUREG 1600 General Statement of Policy and Procedures
for NRC Enforcement Actions
6. Exclusive Federal Jurisdiction Identification Procedure
7. Agreement State Listing

Distribution (Without Enclosures 2-7)

| SEND TO PUBLIC DOCUMENT ROOM? | | YES | NO | | | | |
|-------------------------------|---|---|-----------|-----------|-----------|-----------|-----------|
| OFFICE | R11:DNMS | R11:DNMS | | | | | |
| SIGNATURE |  |  | | | | | |
| NAME | DJ Collins | JB Porter | | | | | |
| DATE | 01 / 13 / 97 | 01 / 13 / 97 | 01 / / 97 | 01 / / 97 | 01 / / 97 | 01 / / 97 | 01 / / 97 |
| COPY? | NO | NO | YES NO | YES NO | YES NO | YES NO | YES NO |

OFFICIAL RECORD COPY DOCUMENT NAME: G:\DNMS\MLIB2\RECIPR97\NELSON.LTR
and includes transmittal letters for state of Tennessee, and Fort Campbell

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES

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

Estimated burden per response to comply with this mandatory information collection request: 16 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 (1-8 F33), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Paperwork Reduction Project (5150-0013), Office of Management and Budget, Washington, DC 20503. NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

| | | | |
|--|--|--|--|
| 1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) | | 2. TYPE OF REPORT | 3. CONTROL NUMBER (Leave Blank -- Number to be assigned by NRC) |
| NELSON ENGINEERING SERVICES | | INITIAL <input checked="" type="checkbox"/> REVISION CLARIFICATION | |
| 4. ADDRESS OF LICENSEE (Mailing address or other location where a licensee may be located) | | 5. LICENSEE CONTACT | |
| 1279 HWY 79 DOVER, TN 37058 | | RANDALL N. SHAW | |
| | | 6. TELEPHONE NUMBER (Include Area Code) | 7. FACSIMILE NUMBER (Include Area Code) |
| | | (615) 232-8014 | 8014 (615) 232-8014 |

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 | TELE THERAPY/IRRADIATOR SERVICE |
| <input checked="" type="checkbox"/> PORTABLE GAUGES | OTHER (Specify) | |
| RADIOGRAPHY → | TRANSPORTATION QA PROGRAM APPROVAL NO. & REV. NO. | REGISTERED AS USER OF PACKAGINGS (CERTIFICATES OF COMPLIANCE NOS.) |

| | |
|---|---|
| 9. CLIENT NAME ADDRESS CITY/COUNTY STATE ZIP CODE | 10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible.) |
| MULTIPLE | FORT CAMPBELL, KENTUCKY *SSG FRANKLIN, JACKIE, RPO |

| | | |
|--|---|---|
| 11. CLIENT TELEPHONE NUMBER (Include Area Code) | 12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK | 13. WORK LOCATION TELEPHONE NUMBER (Include Area Code) |
| (502) 798-7028 * | R. BOONER, R. SHAW, P. HOWARD, D. STORM | MULTIPLE |

| | | | |
|---------------------|----------------|-------------------------|-------------------------------|
| 14. DATES SCHEDULED | | 15. NUMBER OF WORK DAYS | 16. LOCATION REFERENCE NUMBER |
| FROM X 5/97 | TO 12/31/97 | LESS THAN 180 | 000 338 |

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.) |
| Cesium 137 - 10 mc / SOURCE (MAX); AMERICIUM 241 / BE - 50 mc / SOURCE (MAX) |
| 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 | STATE | EXPIRATION DATE | TOTAL USAGE DAYS TO DATE |
| R-81001-G00 | TN | 7/21/2000 | 0:97 |

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT

- All information in this report is true and complete.
- 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.
- 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.
- 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.
- 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 (Typed/Printed Name and Title) | SIGNATURE | DATE |
| RANDALL N. SHAW, P.E. | [Signature] | 5/10/97 |

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 (Typed/Printed Name and Title) | SIGNATURE | DATE |
| | DAVID J. COLLINS, Health Physicist | [Signature] | 1-13-97 |