

January 9, 1997

42nd AMDS/SGPB
ATTN: Captain J. Howard
Radiation Protection Officer
330 Kirkpatrick Avenue East
Maxwell Air Force Base, AL 36112-6219

SUBJECT: NOTIFICATION OF RECIPROCITY RECOGNITION

Dear Captain Howard:

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 - Applied Technical Services, Inc.
2. State License - Georgia GA.896-1

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PDR STPRG ESGGA
PDR

NRC FORM 241 10 CFR 150		U. S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0012		EXPIRES: 8/30/98	
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES (Please read the instructions on the cover sheet before completing this form.)				Estimated duration of response to comply with the mandatory decommissioning schedule: 18 months. 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 duration estimate to the Information and Records Management Branch (IT-6 F30), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Materials Radiation Project (P150-0012), 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	
Applied Technical Services, Inc.				<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION		Leave Blank - Number to be assigned by NRC	
4. ADDRESS OF LICENSEE (Mailing address or other address where notices may be mailed):				5. LICENSEE CONTACT		6. FACSIMILE NUMBER	
1190 Atlanta Industrial Drive Marietta, GA 30066				Gene Mock		770-514-3299	
7. TELEPHONE NUMBER (Include Area Code)				8. TELEPHONE NUMBER (Include Area Code)		9. FACSIMILE NUMBER (Include Area Code)	
770-423-1400				770-423-1400		770-514-3299	
10. 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/IRRADIATOR SERVICE			
PORTABLE GAUGES		OTHER (Specify)					
RADIOGRAPHY (If)		TRANSPORTATION OR PROGRAM APPROVAL (If) 2 REV. 10		REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NOS.)			
070705 Rev. 1		6717, 9032, 9033					
11. LICENSEE NAME - ADDRESS & CITY/STATE/ZIP CODE				12. WORK LOCATION - ADDRESS (Street and Number or Site Location - One or more miles from an address or directions as to location)			
C.N.B. Environmental P. O. Box 64100 St. Paul MN 55164-0100				Maxwell Air Force Base Montgomery, AL Caption Janetta Howard			
13. LICENSEE TELEPHONE NUMBER (Include Area Code)		14. WORK LOCATION TELEPHONE NUMBER (Include Area Code)		15. WORK LOCATION TELEPHONE NUMBER (Include Area Code)		16. LOCATION REFERENCE NUMBER	
612-681-5300		Pete Gasconne		770-673-8425			
17. DATES SCHEDULED		18. NUMBER OF WORK DAYS		19. LOCATION REFERENCE NUMBER			
FROM: 1/7/1997		TO: 1/9/1997		000 135			
20. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.							
21. 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)							
IR-192							
22. AGREEMENT STATE SPECIAL LICENSE WHICH AUTHORIZED THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE BASIS EXCEPT FOR LOCATION OF USE AS SPECIFIED IN ITEM 8 ABOVE (Four copies of the special license must accompany this NRC Form 241)							
LICENSE NUMBER		STATE		EXPIRATION DATE		TOTAL USAGE DAYS TO DATE	
GA896-1		GA		October 31, 1998		0	
23. 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 cover sheet of this form set, and I understand that I am required to comply with these provisions as to all byproduct source, special nuclear material which I possess and use in non-Agreement States or offshore waters under the general license, or 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 150 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.							
CERTIFYING OFFICER - Add in management Representative (Typed/print name and Title)						DATE	
Gene Mock, Radiation Safety Officer						1/6/97	
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. A 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/print name and Title)		SIGNATURE		DATE	
		DAVID J. Collins Health Physicist		David J. Collins		1/6/97	