

January 13, 1997

Delta Air Lines, Inc.
ATTN: Raymond L. Worley
Foreman/QA/NDT
Hartsfield International Airport
Department 521, TOC-I
Atlanta, Georgia 30320

SUBJECT: RECOGNITION OF RECIPROCITY - CALENDAR YEAR 1997

Dear Mr. Worley:

This acknowledges receipt of your Report of Proposed Activities in Non-Agreement States (NRC Form 241) dated December 16, 1996, and receipt of the initial recognition fee as required by 10 CFR 150.20(b) and 10 CFR 170.31 (Category 16 - Reciprocity).

License Number GA.2-1 issued by the State of Georgia 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.

The Commonwealth of Massachusetts is scheduled to become an Agreement State in 1997. After the transfer, NRC will no longer exercise jurisdiction over your activities at Logan International Airport. Jurisdiction will be under the Commonwealth of Massachusetts. We will notify you when the transfer is scheduled, and provide you with a contact within the radioactive materials control group. Reciprocity recognition will be governed by the Commonwealth of Massachusetts. 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.

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PDR STPRG ESGGEN
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A current license is required for licensed work in NRC jurisdiction. Please provide us with a renewed license or letter from the licensing agency prior to conducting work in NRC jurisdictional areas after the expiration date listed in your license on file with us, if this occurs prior to the transfer of Massachusetts to Agreement State status.

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

Sincerely,

/s/

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

Enclosures:


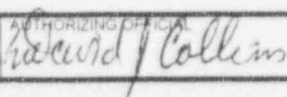
1. NRC Form 241 w/LRN's
2. Blank Form 241 (carbon set & fax)
3. 10 CFR Parts 19, 20, 21, 30, 34, 71, 150, 170
4. Form NRC-3
5. NUREG 1600 General Statement of Policy and Procedures
for NRC Enforcement Actions
6. Exclusive Federal Jurisdiction Identification Procedure
7. Agreement State Listing

bcc (without Enclosures 2-7)
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Distribution (Without Enclosures 2-7)

| SEND TO PUBLIC DOCUMENT ROOM? | | YES | NO | | | | |
|-------------------------------|-------------------|-----------------|-----------|-----------|-----------|-----------|-----------|
| OFFICE | RII DNMS | RII DNMS | | | | | |
| SIGNATURE | <i>DJ Collins</i> | <i>J Potter</i> | | | | | |
| NAME | DJ Collins | J Potter | | | | | |
| DATE | 01 / 10 / 97 | 01 / 3 / 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\DELTA.LTR
and includes transmittal letters for states of Massachusetts and Georgia

| | | | | | |
|---|--|---|--|--|--|
| NRC FORM 241 (11-94) 10 CFR 150 | | U. S. NUCLEAR REGULATORY COMMISSION | | APPROVED BY OMB: NO. 3150-0013 EXPIRES 3/31/96 | |
| REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES <i>(Please read the instructions on the cover sheet before completing this form.)</i> | | | | ESTIMATED 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-6 F33), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0013), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503. | |
| 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) | |
| Delta Air Lines, Inc. | | <input checked="" type="checkbox"/> INITIAL | | | |
| | | <input type="checkbox"/> REVISION | | | |
| | | <input type="checkbox"/> CLARIFICATION | | | |
| 4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) | | 5. LICENSEE CONTACT | | | |
| Hartsfield Atlanta International Airport Dept. 521, TOC-1 Atlanta, GA 30320 | | Raymond L. Worley | | | |
| | | | | 6. TELEPHONE NUMBER (Include Area Code) | |
| | | 404-714-1165 | | 404-714-3889 | |
| 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 | |
| PORTABLE GAUGES | | OTHER (Specify) | | | |
| <input checked="" type="checkbox"/> RADIOGRAPHY → | | TRANSPORTATION QA PROGRAM APPROVAL NO. & REV. NO. 71-0808 | | 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.) | | |
| | | | Delta Air Lines, Inc. 239 Prescott Street Delta/Hangar East Boston, Mass. 02128 | | |
| | | | | | |
| 11. CLIENT TELEPHONE NUMBER (Include Area Code) | | 12. WORK LOCATION CONTACT | | 13. WORK LOCATION TELEPHONE NUMBER (Include Area Code) | |
| | | Ron Temple | | 617-561-2640 | |
| 14. DATES SCHEDULED | | 15. NUMBER OF WORK DAYS | | 16. LOCATION REFERENCE NUMBER | |
| FROM 2/January/97 | | TO As aircraft are scheduled | | LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS - NUMBER TO BE ASSIGNED BY NRC | |
| 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.) | | | | | |
| Iridium 192-100 Curies - Tech/Ops 660B Projector | | | | | |
| 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 | |
| GA.2-1 | | Georgia | | 11-30-97 | |
| | | | | TOTAL USAGE DAYS TO DATE | |
| | | | | 0 | |
| 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) | | TYPED/PRINTED NAME | | TITLE | |
|  | | Raymond L. Worley | | Foreman/QA/NDT | |
| | | | | | |
| | | | | DATE | |
| | | | | 12-16-96 | |
| 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 | | DATE | |
| | |  | | Health Physicist | |
| | | | | | |
| | | | | 1/6/97 | |