

DL-112196-03



November 21, 1996

**Ms. Diana Heim, License Department
U. S. Nuclear Regulatory Commission, Region II
Material Radiation Protection Section
101 Marietta Street, Suite 2900
Atlanta, Georgia 30323**

Dear Ms. Heim:

Please find enclosed a schematic of our new office facilities which depicts the location of the storage cabinet housing one (1) Troxler nuclear moisture-density gauge. Our office has recently moved from the physical address of Mt. Sidney Plaza-Unit 3 to Mt. Sidney Plaza-Unit 2. However, our mailing address and telephone/fax numbers remain as before. Please do not hesitate to contact us if you require further information.

Sincerely,

A handwritten signature in black ink that reads "Henry B. Mullen". The signature is written in a cursive, flowing style.

**Henry B. Mullen
Project Geologist**

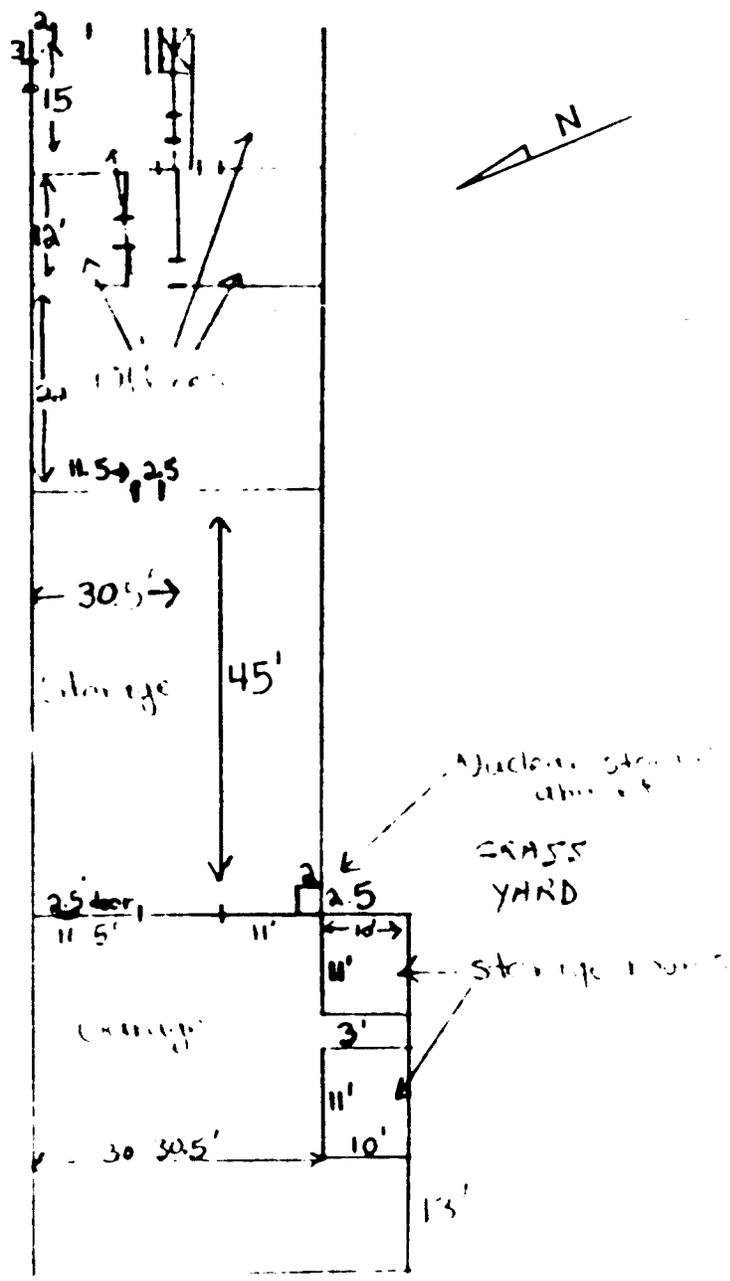
**HBM: jlc
Enclosure**

Geotechnical & Environmental Services, Inc.

**P. O. Box 354 • Mt. Sidney, VA 24467
(540) 248-0610 • FAX (540) 248-0801**

**USI Compliance Services • Environmental Assessments/Audits
Contamination Studies • Remediation Services • Geotechnical Services**

201280



LICENSE FEE REQUIREMENTS

LICENSE FEE AND DEBT COLLECTION BRANCH
DIVISION OF ACCOUNTING AND FINANCE
OFFICE OF THE CONTROLLER
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20545-0001

GEOTECHNICAL & ENVIRONMENTAL SERVICES, INC.
ATTN: HENRY B. MULLEN
PROJECT GEOLOGIST
P. O. BOX 354
MT. SIDNEY, VA 24487

TYPE OF ACTION

- NEW LICENSE
- RENEWAL OF LICENSE
- AMENDMENT TO LICENSE

REQUESTED DATE

11-21-96

LICENSE NUMBER

45-25293-01

CONTROL NUMBER

257290 ATTN: RITA MESSIER, LFARB, T9E10

I. APPLICATION FEE DUE

Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of the encircled Federal Register notice. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.

SEE CATEGORY	APPLICATION	RENEWAL	AMENDMENT
3P	\$	\$	300.00
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

FEE(S) DUE 300.00
PAYMENT RECEIVED
AMOUNT DUE 300.00

II. FEE NOT REQUIRED

Enclosed is Check No. _____ which accompanied your request. The fee is not required because:

We received your Check No. _____ in payment of the fee.

The Licensing staff has informed us that your request is to be considered as a continuation of your request dated _____

Control No. _____

Your request was combined, prior to review, with your request, Control No. _____

III. CHECK RETURNED

Enclosed is Check No. _____ which was returned to us by the bank for

INSUFFICIENT FUNDS

ACCOUNT CLOSED

OTHER

MAIL THE REPLACEMENT CHECK TO THE ADDRESS LISTED AT THE TOP OF THIS FORM AND REFERENCE THE ABOVE CONTROL NUMBER

IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE

License No. _____ Amendment No. _____ issued on _____ was issued without the required fee being collected. The fee required is noted in Section I of this form.

The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section I of this form. Refer to Section 170.31 and Footnote 1(d)(2)

Because of the urgency of your request, the license was issued without remittance of the prescribed fee noted in Section I of this form.

MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF YOU DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM THE DATE LISTED BELOW, WE SHALL ASSUME THAT YOU DO NOT WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS ACTION.

SIGNATURE - LICENSE FEE ANALYST

RITA MESSIER

LFDCB

REMessier
12/2/96

LFDCB

Rem

Distribution:

Pending Fee File
LFARB R/F (2)

OC/DAF RF
OC/DAF/SF(LF-3 2 7)
Region II

DATE

12-2-96