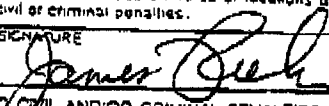
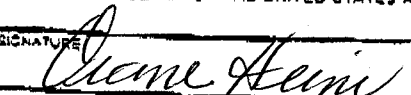


USNRC REGION II - MATERIALS LICENSING/INSPECTION BRANCHES (FAX 404-562-4955) (VERIFY 404/562-4723)

NRC FORM 241 (6-98) 10 CFR 150		U. S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013 Estimated burden for response to comply with this mandatory information collection request is 16 minutes. This collection of information is required to help NRC... EXPIRES 6/30/03	
REPORT 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) LAW ENGINEERING & ENVIRONMENTAL SVCS		2. TYPE OF REPORT INITIAL REVISION CLARIFICATION		3. CONTRL. NUMBER (Leave Blank - Number to be assigned by NRC)	
4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 1000 BUSINESS CENTER DR SUITE 90 SAVANNAH, GA 31405		5. LICENSEE CONTACT JAMES PERKINS ASST MGR		6. TELEPHONE NUMBER (Include Area Code) 912-238-3888	
		7. FACSIMILE NUMBER (Include Area Code) 912-234-1744			
8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20					
<input type="checkbox"/> WELL LOGGING		<input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS		<input type="checkbox"/> TELE THERAPY/RADIATOR SERVICE	
<input type="checkbox"/> PORTABLE GAUGES		<input type="checkbox"/> DYER (Specify)			
<input checked="" type="checkbox"/> RADIOGRAPHY =		TRANSPORTATION OR PROGRAM APPROVAL NO. & REV. NO. GA-95-1		REGISTERED AS USER OF PACKAGINGS (CERTIFICATES OF COMPLIANCE NOS) SPECIAL FORM NIOS UN2974 R4	
9. CLIENT NAME ADDRESS CITY/COUNTY STATE ZIP CODE IHP Ind. CONTRACTORS 1701 SOUTH 8TH ST. ST. JOSEPH, MO 64502			10. WORK LOCATION ADDRESS (Street and number or other location. Give as complete an address or directions as possible) HUNTER ARMY AIRFIELD BULK STORAGE		
11. CLIENT TELEPHONE NUMBER (Include Area Code) 912-354-8999		12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK MARK DESIMAS / JAMES PERKINS		13. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 912-354-8999	
14. DATES SCHEDULED FROM 1-26-2000 TO 1-26-2000		15. NUMBER OF WORK DAYS 1		16. LOCATION REFERENCE NUMBER 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, source, or devices to be used) IRV92 SOURCE 02430 90CT					
18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF USE AS SPECIFIED IN ITEMS 9 ABOVE (Four copies of the license license must accompany the initial NRC Form 241)					
LICENSE NUMBER GA 952-1		STATE GA		EXPIRATION DATE 10-31-2003	
				TOTAL USAGE DAYS TO DATE 000000	
19. 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 act, 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.					
CERTIFYING OFFICER - RSO or Management Representative (Typed/Printed Name and Title) JAMES PERKINS SUPV.				SIGNATURE 	
				DATE 1-25-2000	
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		D.M. Heim, LA/DNMS		SIGNATURE 	
				DATE 3	

NRC FORM 241 (6-98)

MAR 17 '99 10:10

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JAN 25 '00 12:01 PM FR LAW ENG-ENV SAVANNAH 912 234 1749 TO 14045624955