

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

NRC FORM 241 (6-95) 10 CFR 150		U. S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 2550-0013 <small>Estimate burden for responses to comply with this mandatory collection request is 15 minutes. This information is required so that NRC may schedule maintenance of the accounts 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 (7-6 P23), U.S. Nuclear Regulatory Commission, Washington, DC 20543-0001, and to the Paperwork Reduction Project (2150-0013), 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.</small>		EXPIRES: 12/31/03	
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES <small>(Please read the instructions on the cover sheet before completing this form.)</small>				2. TYPE OF REPORT INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION <input type="checkbox"/>		3. CONTROL NUMBER <small>(Leave Blank - Number to be assigned by NRC)</small>	
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) LAW ENG / ENVIRONMENTAL SVCS		4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 1000 BUSINESS CENTER DR SUITE 96 SAU, GA 31405		5. LICENSEE CONTACT James Perkins		6. TELEPHONE NUMBER (Include Area Code) 912-235-3888	
7. CLIENT NAME ADDRESS CITY/COUNTY STATE ZIP CODE ZHP 1701 SOUTH 8TH ST. ST. JOSEPHS, MO 64502		8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20 WELL LOGGING <input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELETHERAPY/RADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>		9. REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NOS) SPECIAL FORM U.S. 11297410		10. WORK LOCATION ADDRESS (Street and number or other location. Give as complete an address 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 James Perkins		13. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 912-235-8051		14. DATES SCHEDULED FROM 1-5-00 TO 1-5-00	
15. NUMBER OF WORK DAYS		16. LOCATION REFERENCE NUMBER 000024		17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED USED INSTALLED, SERVICES OR TESTED IN NON-AGREEMENT STATES <small>(Include description of type and quantity of radioactive material, source, source, or services to be used)</small> IR 192 30 CURIES SOURCE # D01076			
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 (If all 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	
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 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 at sites 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 (Type or Print Name and Title) JAMES PERKINS SUPV.				SIGNATURE James Perkins		DATE 1-4-00	
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 1061 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 (Type or Print Name and Title) David J. Collins, Health Physicist Division of Nuclear Materials Safety USNRC Region II		SIGNATURE David J. Collins		DATE 0	

NRC FORM 241 (6-95)

MAR 17 '00 10:10

Received in Region II NEQS 01/04/2000