

NRC FORM 241 (7-1999) U.S. NUCLEAR REGULATORY COMMISSION

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS
 (Please read the instructions before completing this form)

APPROVED BY OMB: NO. 3150-0015 EXPIRES: 07/31/2002
 Estimated burden per response to comply with this mandatory collection request: 15 minutes. This notification is required so that NRC may conduct a inspection of the activities to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Send comments regarding burden estimate to the Records Management Branch of the U.S. Nuclear Regulatory Commission, Washington, DC 20545-0001, or by internet e-mail to: nrc.gov, and to the Chief Officer, Office of Information and Regulatory Affairs, NRC, 1625, (3150-0015), Office of Management and Budget, Washington, DC 20503. If a survey used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)
 LAW ENGINEERING

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where records may be located)
 7347-E West Friendly Ave.
 Greensboro, North Carolina 27410

4. LICENSEE CONTACT AND TITLE
 Mark A. Boger, RSO

5. TELEPHONE NUMBER (Include Area Code)
 336-294-4221

6. FACSIMILE NUMBER (Include Area Code)
 336-294-4227

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20
 WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELE THERAPY/RADIATOR SERVICE
 PORTABLE GAUGES OTHER (Specify) → _____
 RADIOGRAPHY → REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBERS) 9033

8. CLIENT NAME, ADDRESS, CITY, COUNTY, STATE, ZIP CODE
 Buncher Rail Car Service Co.
 3915 Hydro Street S
 PO Box 3247
 Lynchburg, Va. 24503

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete as address or directions or possible)
 SAME

10. CLIENT TELEPHONE NUMBER (Include Area Code)
 804-384-6200

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
 SAME

12. DATES SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM: 2/1/00 TO: 2/1/00	01			000 061

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or devices to be used)
 Ir 192 Sealed Source, AM Mod A4249, AM Mod. 660B, 140 Max.

14. AGREEMENT STATE LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SET FORTH IN ITEM 7 ABOVE. (Each copy of the specific license must accompany the initial NRC Form 241.)	LICENSE NUMBER	STATE	EXPIRATION DATE
	041-0082-8	NC	2/28/04

18. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)
 I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- All information in this report is true and complete.
- I have read and understand the provision of the general license 10 CFR 150.20 reprinted on the instructions 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.
- I understand that activities, including storage, conducted in non-agreement States under general license 10 CFR 150.20 are limited to a total of 750 days in calendar year. With the exception of work conducted in off-shore waters, which is authorized for an unlimited period of time in the calendar year.
- 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 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.

19. SIGNATURE OF OFFICER, RSO or Management Representative (Name and Title)
 Ralph Nodas, NDE Supervisor

SIGNATURE
Ralph Nodas

DATE
 1/31/00

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 true. 18 U.S.C. Section 1001 makes it a criminal offense to make a willfully false statement or representation to a Federal agency or representative of the United States as to any matter within its jurisdiction.

FOR NRC USE ONLY REVIEW: D.M. Heim, LVDNMS

SIGNATURE
Thomas Heim

DATE
 1/31/00

TOTAL USAGE - DAYS TO DATE
 1

USNRC Region II - Atlanta GA FAX (404) 562-4955 / VERIFY (404) 562-4723

Received 1/31/00 in II NE S cc R