

NRC FORM 241 (7-1998) 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. 3150-0013 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 schedule 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 estimates to the Records Management Branch (7-6 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20545-0001, or by internet e-mail to hci@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NRC-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means 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.

562 4723

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)
 Derby City Inspection, Inc

2. ADDRESS OF LICENSEE (Mailing address or other location where business may be located)
 4340 SANITA CT STE A
 Louisville KY 40213

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

A. LICENSEE CONTACT AND TITLE
 KEN CLAYPOOL, RSO

5. TELEPHONE NUMBER (Include Area Code)
 502 451 2805

6. FACSIMILE NUMBER (Include Area Code)
 502 485 1535

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 (CERTIFICATES OF COMPLIANCE NUMBERS)
 USA 19283 / B(4) - 85

8. CLIENT NAME, ADDRESS, CITY, COUNTY, STATE, ZIP CODE
 MATRIX Services
 6945 CRABO Road
 Temperance MI 48182

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)
 WESTFORK LAND Development
 480 NORTH HALL ROAD
 Wheatland IN 47597

10. CLIENT TELEPHONE NUMBER (Include Area Code)
 734 847 4605

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
 812 257 0476

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
2/2/00	2/2/00		1		000396

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, 55Ci; AEA Technology MOD # 424-9 S/N D2081
 660B Amersham Camera S/N B1490

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 9 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)

LICENSE NUMBER 201523 05 Am 20 **STATE** KY **EXPIRATION DATE** 5-31-2000

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 provisions 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 180 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.

CERTIFYING OFFICER - RSO or Management Representative (Name and Title) **SIGNATURE** **DATE**
 JAMES E BENNETT, President James E Bennett 2/1/00

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 1001 makes it a criminal offense to make a willfully false statement or report.

FOR NRC USE ONLY **RE D.M. Heim, LADNMS** **TITLE** **SIGNATURE** **DATE** **TOTAL USAGE - DAYS TO DATE**
 D.M. Heim d/1/00

Received in Region II NE 5

2/2/00 cc RTH