

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

To: J. Whitaker From: Diane Dept/Agency: Phone #: NRC Fax #: 912-233-5061 E-mail: 404 562 1906

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS

(Please read the instructions before completing this form)

Washington, DC 20543. If a mailing 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: Whitaker Laboratory, Inc. 2. TYPE OF REPORT: [] INITIAL [] REVISION [X] CLARIFICATION 3. ADDRESS OF LICENSEE: 2500 Tremont Rd. Savannah, GA 31405 4. LICENSEE CONTACT AND TITLE: Joseph Whitaker (RSO) 5. TELEPHONE NUMBER: 912/234-0696 6. FACSIMILE NUMBER: 912/233-5061

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

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE: REA CONSTRUCTION P.O. BOX 4487 BEAUFORT, S.C. 29903 9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION: APRONS AT MARINE CORP. AIR STATION BEAUFORT, S.C. 10. CLIENT TELEPHONE NUMBER: 11. WORK LOCATION TELEPHONE NUMBER:

12. DATES SCHEDULED: FROM 3/9/00 TO 3/10/00 13. NUMBER OF WORK DAYS: 2 14. ADD: 15. DELETE: 16. LOCATION REFERENCE NUMBER: 000646

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED: Cs-137 mCi-10 Am-241 mCi-40

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. LICENSE NUMBER: GA-136-1 STATE: GA EXPIRATION DATE: 1/31/02

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 instructions of this form...

CERTIFYING OFFICER - RSO or Management Representative (Name and Title): Joseph Whitaker SIGNATURE: [Signature] DATE: 3/8/00

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.

FOR NRC USE ONLY REVIEW: D. M. Heim LAD/NMS SIGNATURE: [Signature] DATE: 3/8/00 TOTAL USAGE - DAYS TO DATE: 13

Vertical text on the left margin: FAX (404) 302-4170

Received 3/8/00 5:51 PM TEL: 912 233 5061

WHITAKER LABORATORY

MAR.-08.00 (WED) 09:13