

FAX TRANSMITTAL # of pages **6**

To: **Robt Cunningham** From: **Jane Heim**
 Dupl/Agency: Phone #
 Fax # **205-443-5300** Fax # **NRK**

NSN 7540-01-317-7958 \$000.101 GENERAL SERVICES ADMINISTRATION

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

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)
Gallet Associates, Inc

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
**320 Beacon Parkway W.
 Birmingham, AL 35209**

4. LICENSEE CONTACT AND TITLE
**Robert Cunningham J.P.E.
 Senior Project Engineer**

5. TELEPHONE NUMBER (Include Area Code) **(205) 942-1289**
 6. FACSIMILE NUMBER (Include Area Code) **(205) 443-5302**

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/IRRADIATOR SERVICE

PORTABLE GAUGES OTHER (Specify) **→**

RADIOGRAPHY **→** REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBER)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
**J.D.N. Development
 359 E. Paces Ferry
 Suite 450
 Atlanta, GA 30305**

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)
**Construction site adjacent to:
 Target Store
 6700 Peach Street
 Erie, PA 16506**

10. CLIENT TELEPHONE NUMBER (Include Area Code) **(404) 262-3252**
 11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) **(814) 866-5717**

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
	3/14/00	6/1/00	58		000703

17. 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 (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)
**CPN Moisture Density Gauge Cesium 137 10mCi
 Americium 241/Beryllium 50mCi**

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. (Four copies of the specific license must accompany the initial NRC Form 261.)

LICENSE NUMBER **991** STATE **AL** EXPIRATION DATE **June 30, 2004**

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; 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. With the exception of work conducted in off-shore waters, which is authorized for an unlimited period of time in the 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.
- 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 (Name and Title) SIGNATURE DATE

Robert Cunningham Senior Proj. Eng **Robert Cunningham** **3-10-00**

FOR NRC USE ONLY

REV D. M. Heim LA/DNMS

DATE SIGNATURE DATE TOTAL USAGE - DAYS TO DATE

3/14/00 **Jane Heim** **3/14/00** **80**

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