
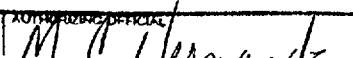


<b>NRC FORM 241</b> <small>(11-99)</small> <b>10 CFR 150</b>		<b>U. S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY ONE: NO. 3160-0013</b> <b>EXPIRES 3/31/01</b>	
<b>REPORT OF PROPOSED ACTIVITIES</b> <b>IN NON-AGREEMENT STATES</b> <i>(Please read the instructions on the cover sheet before completing this form.)</i>				<small>ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 18 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. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (E4 733), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20540-0001, AND TO THE PAPERWORK REDUCTION PROJECT (516-0515), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.</small>	
<b>1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)</b> Arias & Kezar Inc		<b>2. TYPE OF REPORT</b> <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION		<b>3. CONTROL NUMBER</b> <small>(Leave Blank - Number to be assigned by NRC)</small>	
<b>4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)</b> 10821 GOLFDALE SA, TX 78216		<b>5. LICENSEE CONTACT</b> Jimmy Schlomach, NICET II		<b>6. TELEPHONE NUMBER (Include Area Code)</b> (210) 308-5884	
		<b>7. FACSIMILE NUMBER (Include Area Code)</b> (210) 308-5886			
<b>8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20</b>					
<input type="checkbox"/> WELL LOGGING		<input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS		<input type="checkbox"/> TELETHERAPY/RADIATOR SERVICE	
<input checked="" type="checkbox"/> PORTABLE GAUGES		<input type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> RADIOGRAPHY →		TRANSPORTATION OR PROGRAM APPROVAL NO. & REV. NO.		REGISTERED AS USER OF PACKAGINGS (CERTIFICATES OF COMPLIANCE NOS.)	
<b>9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE</b> Amigo Bldg Corp			<b>10. WORK LOCATION ADDRESS</b> <small>(Street and Number or other location. Give as complete an address or directions as possible.)</small> 96 PERSON dorm Lackland AFB, TX.		
<b>11. CLIENT TELEPHONE NUMBER</b> 210-699-9235		<b>12. WORK LOCATION TELEPHONE NUMBER</b>		<b>13. WORK LOCATION TELEPHONE NUMBER</b> 673-2348	
<b>14. DATES SCHEDULED</b>		<b>15. NUMBER OF WORK DAYS</b>		<b>16. LOCATION REFERENCE NUMBER</b>	
FROM: 2-25-2K		TO: 2-25-2K		1	
				000651	
<b>LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.</b>					
<b>17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED IN NON-AGREEMENT STATES.</b> <small>(Include description of type and quantity of radioactive material, sealed source, or device to be used.)</small> CS 137/Am-241; Be 8mCi/40mCi					
<b>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.</b> <i>(Four copies of the specific license must accompany the initial NRC Form 241)</i>					
<b>LICENSE NUMBER</b> LO 4964		<b>STATE</b> Texas		<b>EXPIRATION DATE</b> April 30, 2001	
				<b>TOTAL USAGE DAYS TO DATE</b> 6	
<b>19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</b>					
<b>10. I, THE UNDERSIGNED, HEREBY CERTIFY THAT:</b>					
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 set; 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 on dates or locations different from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.					
<b>SIGNATURE, CERTIFYING OFFICER</b> <small>(TSO or Manufacturer Representative)</small> 		<b>CERTIFYING OFFICER NAME</b> Jimmy Schlomach		<b>TITLE</b> Radiation Safety Officer	
				<b>DATE</b> 2-25-00	
<b>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 REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.</b>					
<b>FOR NRC USE ONLY</b>		<b>AUTHORIZING OFFICIAL</b> 		<b>TITLE</b> M. C. Hernandez Radiation Specialist	
				<b>DATE</b> 2/28/00	

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 NEOS  
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UNITED STATES  
 NUCLEAR REGULATORY COMMISSION

REGION IV

611 RYAN PLAZA DRIVE, SUITE 400  
 ARLINGTON, TEXAS 76011-8064

FEB 28 2000

MEMORANDUM Shirley Crutchfield  
 TO: License Fee & Accounts Receivable Branch (T9 E10)  
 FROM: Christi Hernandez  
 Nuclear Materials Licensing Branch, Region IV *MCH.*  
 SUBJECT: FEE TRANSMITTAL

A. Region IV

1. NRC FORM 241 ATTACHED

Applicant/Licensee:  
 NRC Form 241 Dated:  
 Agreement State License:  
 Program Code(s):

2. REVISION ATTACHED

Licensee:  
 Agreement State License:

3. CLARIFICATION ATTACHED

Licensee: *Orvas & Kezar, Inc.*  
 Agreement State License: *TX L04964*

4. FEE ATTACHED

Amount: \$ \_\_\_\_\_ Check: # \_\_\_\_\_

5. COMMENTS

B. LICENSE FEE & ACCOUNTS RECEIVABLE BRANCH

1. Fee Category and Amount: \_\_\_\_\_

2. Correct Fee Paid. Submittal may be processed for:

General License \_\_\_\_\_

Revision \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_