

NRC FORM 241 (7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0048 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 Regulatory Management Branch (1-655), U.S. Nuclear Regulatory Commission, Washington, DC 20545-0001, or by Internet e-mail to 1-nrc@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (8150-9912), 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.

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)
2. TYPE OF REPORT
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be reached)
4. LICENSEE CONTACT AND TITLE
5. TELEPHONE NUMBER (Include Area Code)
6. FACSIMILE NUMBER (Include Area Code)

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)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)
10. CLIENT TELEPHONE NUMBER (Include Area Code)
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)

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

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED
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.

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 150.29 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 150.29 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

WARNING: False statements made by the licensee or any other person in connection with this report may be subject to civil and/or criminal penalties. NRC regulations require that submissions to the NRC be truthful and accurate. 18 U.S.C. Section 1001 makes it a criminal offense to make a willfully false statement to a Federal agency of the United States as to any matter within its jurisdiction.

FOR NRC USE ONLY SIGNATURE DATE TOTAL USAGE - DAYS TO DATE

USNRC REGION II - Atlanta GA FAX (404) 562-4955 VERIFY (404) 562-4123

DERBY DRUG

Received 2/8/00

NE05

NE III