



USNRC REGION II - MATERIALS LICENSING/INSPECTION BRANCHES (FAX 404-562-4955) (VERIFY 404/562-4723)

NRC FORM 241 U. S. NUCLEAR REGULATORY COMMISSION (8-99) 10 CFR 150 REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES (Please read the instructions on the cover sheet before completing this form.)		APPROVED BY OMB NO. 3150-0013 EXPIRES: 07/2005 I, the undersigned, hereby certify that the information furnished on this form is true and complete to the best of my knowledge and belief, and that I am a duly licensed person under the provisions of the Atomic Energy Act of 1954, as amended, and the regulations promulgated thereunder. I understand that any false or misleading information furnished on this form is a violation of the Federal Acquisition Regulation (FAR) and may result in the suspension or debarment of the contractor and/or the contractor's personnel from participation in the procurement process.	
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) BARRUS CONSTRUCTION CO DIVISION OF APAC-CAROLINA INC		2. TYPE OF REPORT INITIAL REVISION <input checked="" type="checkbox"/> CLARIFICATION	3. CONTROL NUMBER (Leave Blank - Number to be assigned by NRC)
4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 604 E NEW BERARD KINSTON, NC 28502		5. LICENSEE CONTACT William A. EARP	6. TELEPHONE NUMBER (Include Area Code) 252-527-8021
		7. FACSIMILE NUMBER (Include Area Code) 252-527-4739	
8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20			
<input type="checkbox"/> WELL LOGGING	<input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS	<input type="checkbox"/> TELE THERAPY/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)	
9. CLIENT NAME ADDRESS CITY/COUNTY STATE ZIP CODE SEYMORE JOHNSON AFB, GOLDSBORO NC		10. WORK LOCATION ADDRESS (Street and Number or other location Give as complete an address or directions as possible) DMAS CONTRACTOR	
11. CLIENT TELEPHONE NUMBER (Include Area Code) 252-559-9213	12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK STEVE	13. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 252-559-9213	
14. DATES SCHEDULED FROM 16 NOV 99 TO 17 NOV 99		15. NUMBER OF WORK DAYS 2	16. LOCATION REFERENCE NUMBER 000931
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.			
17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED IN NON-AGREEMENT STATES (Include description of type and quantity of radioactive material, sealed sources, or devices to be used) MOISTURE DENSITY GAUGE CESIUM 137 SEALED SOURCE			
18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE WORK SIGNED 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 original NRC Form 241)			
LICENSE NUMBER 054-0575-1	STATE NC	EXPIRATION DATE FEB 28, 2004	TOTAL USAGE DAYS TO DATE 6 8
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 provisions 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.			
CERTIFYING OFFICER - RSO or Management Representative (Type/Printed Name and Title) William A. EARP RSO		SIGNATURE 	DATE 11-18-99
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.			
FOR NRC USE ONLY	AUTHORIZING OF D.M. Heim, LADNMS	SIGNATURE 	DATE 11/18/99