

NRC FORM 241 (7-1989) U.S. NUCLEAR REGULATORY COMMISSION
 APPROVED BY ONE: NO. 315-P-019 EXPIRES: 07/01/2001
 Estimated burden per response to this form is 15 minutes. This information is required so that NRC may estimate the workload of the activities for which this form is used and schedule inspection of the activities to ensure that they are conducted in accordance with requirements for protection of the public, the environment, and safety. Send comments regarding burden estimates or this form to the Regulatory Information Branch, U.S. Nuclear Regulatory Commission, Washington, DC 20540-0001, or the Office of Management and Budget, Paperwork Project, (315-P-019), Office of Management and Budget, Paperwork Project, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. A message used to process an information request will not display a currently valid OMB control number. The NRC may not conduct or sponsor, and a person is not required to respond to, this 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)
RTD ASSOCIATES, P.A.

2. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
**5500 E. RECCLUSIVE CENTER DRIVE
 SUITE 117
 CHARLOTTE, N.C. 28217**

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

4. LICENSEE CONTACT AND TITLE
ROB TATUM

5. FACILITY NUMBER (Include Area Code)
RADIATION SAFETY DELETED

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)

3. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
**PHILIP MORRIS
 P.O. Box 26603
 Richmond, Va 23261**

5. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address as conditions allow possible)
**PHILIP MORRIS
 Box 506
 4100 BELLEVUE RD
 CHARLOTTE, VA 23261**

10. CLIENT TELEPHONE NUMBER (Include Area Code)
604-274-4436

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
604-751-2000

12. DATES SCHEDULED
 FROM **11/8/99** TO **11/11/99**

13. NUMBER OF WORK DAYS
4

14. DELETE ADD

15. LOCATION REFERENCE NUMBER
001302

17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEETS TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 3-16 ABOVE.
 (Include description of type and quantity of radioactive material, source, source, or device to be used)
**AMERICAUM 241/BERYLLIUM in a
 TRAYLOR MODEL 3216 SERIES COMPACT**

16. LOCATION NUMBER TO BE ASSIGNED BY NRC
001302

18. AGREEMENT STATE OR STATE LICENSE NUMBER (If licensee is a licensee in a non-agreement state, the licensee must accompany this initial NRC Form 241. Attach copies of the appropriate license.)
NC 4-3-2000

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 offshore 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.

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CERTIFYING OFFICER - RSO or Management Representative (Name and Title)
ROB TATUM, R.S.O.

SIGNATURE
[Signature]

DATE
11/16/99

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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
 REVIEWING OFFICIAL (Typed Name and Title)
David J. Collins, Health Physicist

SIGNATURE
David J. Collins

DATE
11/16/1999

TOTAL USAGE - DAYS TO DATE

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SIGNATURE
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