

NRC FORM 241 (7-1989)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 9150-0013
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 Records Management Branch (T-6 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20540-0001, or by internet e-mail to hsl@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NRC-10202, (3150-0018), Office of Management and Budget, Washington, DC 20503. If a media used to impose an information collection does not display a currently valid OMB control number, the 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)
Derby City Inspection, Inc

2. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
4340 SAMITA CT STE A
Louisville KY 40213

2. TYPE OF REPORT
[] INITIAL [] REVISION [X] CLARIFICATION

4. LICENSEE CONTACT AND TITLE
KEN CLAYPOOL, RSO

5. TELEPHONE NUMBER (include Area Code) 502 451 2805
6. FACSIMILE NUMBER (include Area Code) 502 485 1535

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) ->
[X] RADIOGRAPHY -> REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBER)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
NEPCO
18578 NE 67TH CT
Redmond WA 98052

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or direction as possible.)
WEST FORK LAND DEVELOPMENT
480 North Hall Road
Wheatland IN 47597

10. CLIENT TELEPHONE NUMBER (include Area Code) 425 869 3153
11. WORK LOCATION TELEPHONE NUMBER (include Area Code) 812 257 0476

Table with 4 columns: 12. DATES SCHEDULED (FROM 11/30/99 TO 12/1/99), 13. NUMBER OF WORK DAYS (2), 14. ADD, 15. DELETE, 16. LOCATION REFERENCE NUMBER (001301), 17. NUMBER TO BE ASSIGNED BY NRC (001301)

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 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)
In 192 Amersham Mod A24-9 S/N D2081
Amersham Mod 660B S/N B-1490 CAMERA

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 241.)
LICENSE NUMBER 201533 05 AN26 KY STATE KY EXPIRATION DATE 5/31/2000

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 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
JAMES E BENNETT, President James E Bennett 11/29/99

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 REVIEWING OFFICIAL (Typed/Printed Name and Title) SIGNATURE DATE TOTAL USAGE - DAYS TO DATE
M. S. LESSER, Chief, MLIB M. Lesser 11/29/99 13

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Received in Region II NRC 05
11/29/99 cc RSD

USNRC Region II - Atlanta GA FAX (404) 562-4956 / VERIF (404) 562-7120