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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 LICENSES (Person or tirm proposing to conduct the activities described below)						APPROVED BY OMB: NO. 3150-0013  Extinated burden per response to comply with this mandatory cattection request: 15 minutes. This notification is required so that NRC may schedule inspection of the artivities to ensure itset they are conducted in accordance with requirements for protection of the public health and safety. Send comments regarding burden estimate to the Records Management Branch (T-8 55). U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bis1@nrc.gov, and to the Deck Officer. Office of information and Regulatory Affairs, NEOB-10202, (3150-0013), Office of Management and Budger, Washington, DC 20503. If a means used to impose an information collection does not display a currently walld OMB centrol number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.				
Anderson Columbia Co., Inc.						2. TYPE OF REPORT  INITIAL REVISION A CLARIFICATION				
S. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)  2. Guerdon Road  P.O. Box 2128  Lake City, FL 32056						4. LICENSEE CONTACT AND TITLE  Carl Dempsey, RSO				
Lake City	Pave Otth, in 15010					5. TELEPHONE N (Include Area C (904) 752			PACSIMILE NUMBER (Include Area Code) (904)752-6906	
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										
X PORTABLE GAUGES OTHER (Specify) ->>										
RADIOGRAPHY   REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)										
8. CLIENT NAME, ADORESS, CITY/COUNTY, STATE, ZIP CODE 9. ACTUAL PHYSIC (Stool and Num					HYSIC:	AL ADDRESS OF V	NORK LOCATIO	ON Hoto an ort	dress or directions es possible.)	
USN NAS Whiting Field NOF; Brev							s su surri	<b>ard</b>		
Milton, FL 32570-6159										
John Nicholls/Ext. 19 (850)623					Aroe Co	ade)	11. WORK LOCATION TELEPHONE NUMBER (Include Area Cade) N/A			
	12 DAYES SCHEDULED		13. NUMBER OF WORK DAYS			14. ADD	15. PELETE		16. LOCATION REFERENCE NUMBER	
FROM	Yo .						12/1-12/6		NUMBER TO BE ASSIGNED BY NRC	
12/1/99		2/31/99	31				2/17-1	2/3/5	1001369	
	LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.									
17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, seeled sources, or devices to be used.)										
18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNC ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, A ABOVE. (Four copies of the specific license must accompany the it			DERSIGNED AS SPECIFIC Initial NRC	IERSIGNED TO CONDUCT IS SPECIFIED IN ITEM 8. Initial NRC Form 241.)		LICENSE NUMBE	:H	STATE	8/31/2001	
RECTE. (FOOLE	19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)  1, THE UNDERSIGNED, HEREBY CERTIFY THAT:									
		19. CERTIFICATI					ICANT)	F L.		
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