

USNRC REGION II - MATERIALS SAFETY INSPECTION BRANCHES (Fax: 404-362-4955) (VERITY 404-562-4732)

**NRC FORM 241**  
10-99  
10 CFR 150

**U S NUCLEAR REGULATORY COMMISSION**

## REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES

*(Please read the instructions on the cover sheet before completing this form.)*

**APPROVED BY OMB: NO. 2150-0015**  
Estimated burden for respondents to comply with the mandatory information collection request is 18 minutes. This information is required to the NRC may determine the extent of the activities to be conducted and they are conducted in accordance with requirements for protection of the public health and safety. For more information regarding burden estimates to the Information and Business Management Branch (7-133) U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Paperwork Reduction Project (7150-0015), Office of Management and Budget, Washington, DC 20503. NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**EXPIRES: 6/30/99**  
Comments: This information collection request is required to the NRC may determine the extent of the activities to be conducted and they are conducted in accordance with requirements for protection of the public health and safety. For more information regarding burden estimates to the Information and Business Management Branch (7-133) U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Paperwork Reduction Project (7150-0015), Office of Management and Budget, Washington, DC 20503. NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described in 8.e)**  
*UNIVERSITY OF ALABAMA*

**2. TYPE OF REPORT**  
 INITIAL  
 REVISION *dgc*  
 CLARIFICATION

**3. CONTROL NUMBER**  
(Leave blank - Number to be assigned by NRC)  
*Year 2000*

**4. ADDRESS OF LICENSEE (Mailing address or other to which correspondence may be mailed)**  
*PO Box 870178  
TUSCALOOSA, AL. 35487-0178*

**5. LICENSEE CONTACT**  
*HAL BARRETT*

**6. TELEPHONE NUMBER (Include Area Code)**  
*205-348-5905*

**7. FACSIMILE NUMBER (Include Area Code)**  
*205-348-7773*

**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"/> TELETHERAPY/RADIATOR SERVICE
<input type="checkbox"/> PORTABLE GAUGES	<input checked="" type="checkbox"/> OTHER (Specify) <i>WETLANDS RESEARCH</i>	
<input type="checkbox"/> RADIOGRAPHY	<input type="checkbox"/> TRANSPORTATION OF PROGRAM APPROVAL NO. & REV. NO.	<input type="checkbox"/> REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NOS.)

**9. CLIENT NAME ADDRESS CITY/COUNTY STATE ZIP CODE**  
*UNIVERSITY OF ALABAMA  
370 CAMPUS DR.  
TUSCALOOSA, AL. 35487-0178  
TUSCALOOSA COUNTY*

**10. WORK LOCATION ADDRESS (Specify site Number or other location. If more than one address of operations is possible)**  
*OWBETA HYDROLOGIC LAB  
NANTHALA NATIONAL FOREST  
999 OWBETA LAB RD.  
OTTO, NC 28763*

**11. CLIENT TELEPHONE NUMBER (Include Area Code)**

**12. WORK LOCATION TELEPHONE NUMBERS TO PERFORM WORK**

**13. WORK LOCATION TELEPHONE NUMBER (Include Area Code)**

**14. DATES SCHEDULED**

FROM	TO	15. NUMBER OF WORK DAYS	16. LOCATION REFERENCE NUMBER
<i>11/4/99-2000</i>	<i>1/14/99-2000</i>	<i>1</i>	<i>000 001</i>
<i>2 AM</i>	<i>2 5 PM</i>		

**17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.**

**18. LIST RADIOACTIVE MATERIAL WHICH MAY BE POSSESSED, USED, INSTALLED, SERVICES, OR TESTED IN NON-AGREEMENT STATES (Include description of type and quantity of radioactive material, sealed sources, or devices to be used)**  
*PREVIOUSLY SUBMITTED*

**19. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE LICENSEE TO CONDUCT ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OR USE AS SPECIFIED IN ITEM 8 ABOVE (This license or the license terms must accompany the initial NRC Form 241)**

<b>LICENSE NUMBER</b> <i>164</i>	<b>STATE</b> <i>ALABAMA</i>	<b>EXPIRATION DATE</b> <i>OCTOBER 1999</i>	<b>TOTAL USAGE DAYS TO DATE</b> <i>1</i>
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**20. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)**

**THE UNDERSIGNED HEREBY CERTIFY THAT:**

- All information in this report is true and complete.
- I have read and understand the provision 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.
- 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.
- 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.
- 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.

**21. AUTHORIZING OFFICIAL - RSO or Management Representative (Typed Printed Name and Title)**  
*HAL BARRETT, DIRECTOR EHS/RSO*

**SIGNATURE**  
*[Signature]*

**DATE**  
*12/7/99*

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

**SIGNATURE**  
*[Signature]*

**DATE**  
*12/8/1999*

NRC FORM 241 (10-99)

*Kathryn Walker*

**Received in Region II NEOS**  
*12/7/1999*