

NRC FORM 241 (7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMS NO. 140-0013 EXPIRES: 07/31/2002 Estimated burden per response to comply with this mandatory collection request is 15 minutes. This information is required so that NRC may estimate burden of the collection 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-8 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20545-0001, or by Internet e-mail to:rl@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NIOSH-10202, (1-50-0015), Office of Management and Budget, Washington, DC 20503. If a website used to impose an information collection does not display a currently valid OMS number, then 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 primarily responsible for conducting the activities described below) HAYES TESTING LABORATORY, INC.
2. TYPE OF REPORT [] INITIAL [] REVISION [X] CLARIFICATION
3. ADDRESS OF LICENSEE (Building address or other location where licensee may be located) 2521 HOLLOWAY RD. LOUISVILLE, KY 40299
4. LICENSEE CONTACT AND TITLE DANIEL J. HAYES, SR., PRESIDENT
5. TELEPHONE NUMBER (Include Area Code) 502/266-9729
6. FACSIMILE NUMBER (Include Area Code) 502/266-7577

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSES GIVEN IN 10 CFR 150.20

[] WELL LOGGING [] LEAK TESTING AND/OR CALIBRATIONS [] TELETHERAPY/RADIATOR SERVICE
[] PORTABLE GAUGES [] OTHER (Specify) →
[X] RADIOGRAPHY → REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBER(S))

8. CLIENT NAME, ADDRESS, CITY, COUNTY, STATE, ZIP CODE JEFFBOAT, INC. P.O. BOX 610 JEFFERSONVILLE, IN 47130
9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Show the telephone area address or direction or position.) UTICA PIKE JEFFERSONVILLE, IN 47130
10. CLIENT TELEPHONE NUMBER (Include Area Code) 812/288-0200
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 812/288-0504

Table with 5 columns: 12. DATES SCHEDULED (FROM TO), 13. NUMBER OF WORK DAYS, 14. ADD, 15. DELETE, 16. LOCATION REFERENCE NUMBER. Row 1: 11-15-99, 11-15-99, 1, empty, empty, LRN #001340

17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEETS 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, source, source, or device to be used.) IR-192 MAX. CURIES 100

18. AGREEMENT STATE AND LICENSE NUMBER AND EXPIRATION DATE (If the licensee is not a licensee in the state, the licensee must complete the special NRC Form 241.) LICENSE NUMBER 201-168-05 STATE KY EXPIRATION DATE 07-01-00

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 status 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 status 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 status 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) DANIEL J. HAYES, SR., RSO SIGNATURE [Signature] DATE 11-12-99

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 on its any matter within its jurisdiction.

FOR NRC USE ONLY SIGNING OFFICIAL (Typed Name and Title) [Signature] DATE 11/12/99 TOTAL USAGE - DAYS TO DATE 2

NRC FORM 241 (7-1999)

PRINTED ON RECYCLED PAPER

USNRC Region II - Atlanta GA FAX (404) 562-4353 VERIF: (404) 302-4123

Date change 11/15/99

Received in Region II NE-5

11/12/99

cc R3

D.M. Heim, LA/DNMS [Signature]