

NRC FORM 241 (7-1998)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 07/31/2002 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 (7-4 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20545-0001, or by internet e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NECE-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information 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) 2. TYPE OF REPORT [] INITIAL [] REVISION [X] CLARIFICATION

DERBY CITY INSPECTION, INC

3. ADDRESS OF LICENSEE (Mailing address or other location where business may be located) 4. LICENSEE CONTACT AND TITLE

A340 SANITA CT STE A LOUISVILLE KY 40213

KEN CLAYPOOL, RSO

5. TELEPHONE NUMBER (Include Area Code) 6. FACSIMILE NUMBER (Include Area Code)

502 451 2805

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 [] TELE THERAPY/RADIATOR SERVICE [] PORTABLE GAUGES [] OTHER (Specify) => [X] RADIOGRAPHY => REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBER) USA/9283/181-85

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE 9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Name or other location. Give as complete an address or direction as possible.)

PQ Corporation 709 1/2 Missouri Street Jeffersonville, IN 47130

SAME

10. CLIENT TELEPHONE NUMBER (Include Area Code) 11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)

502-244-1466

NA

Table with 5 columns: 12. DATES SCHEDULED (FROM, TO), 13. NUMBER OF WORK DAYS, 14. ADD, 15. DELETE, 16. LOCATION REFERENCE NUMBER.

17. 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 176-23 CI AEA Technology Mod # 424-y S/N D-0637 6600 Amersham Camec S/N-12122

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 this initial NRC Form 241.)

LICENSE NUMBER: 241-523-05 STATE: NY 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...

CERTIFYING OFFICER - RSO or Management Representative (Name and Title) SIGNATURE DATE

JAMES E BENNETT, President

James E Bennett

1-7-00

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 report...

FOR NRC USE ONLY (REV) D.M. Heim, LADNMS SIGNATURE DATE TOTAL USAGE / DAYS TO DATE

FOR NRC USE ONLY

D.M. Heim, LADNMS

DM Heim

1/7/00

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