NRC FORM 241 (6-96) 10 CFR 150

U. S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 6/30/99

Estimated burden per response to comply with this mandatory information collection request: 16 minutes. This notification is required so that NRC may schedule inspection of the licensee to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Forward comments regarding burden estimate to the Information and Records Management Branch (T-6 F33), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Paperwork Reduction Project (3150-0013), 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.

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES

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

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below): LAW ENGINEERING & ENVIRONMENTAL SVCS

2. TYPE OF REPORT: INITIAL / REVISION / CLARIFICATION

3. CONTROL NUMBER (Leave Blank – Number to be assigned by NRC)

4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located): 1000 BUSINESS CENTER DR, SUITE 90, SAVANNAH, GA 31405

5. LICENSEE CONTACT: JAMES PERKINS ASST RSO

6. TELEPHONE NUMBER (Include Area Code): 912-238-3888

7. FACSIMILE NUMBER (Include Area Code): 912-234-1749

8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

WELL LOGGING	LEAK TESTING AND/OR CALIBRATIONS	TELETHERAPY/IRRADIATOR SERVICE
PORTABLE GAUGES	OTHER (Specify)	
✓ RADIOGRAPHY ⇒	TRANSPORTATION QA PROGRAM APPROVAL NO. & REV. NO.: GA-95-1	REGISTERED AS USER OF PACKAGINGS (CERTIFICATES OF COMPLIANCE NOS.): SPECIAL FORM N10,S UN2974 RQ

9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE: IMP Ind. CONTRACTORS, 1701 SOUTH 8TH ST, ST. JOSEPH, MO 64502

10. WORK LOCATION ADDRESS (Street and number or other location. Give as complete an address or directions as possible): HUNTER ARMY AIRFIELD BULK STORAGE

11. CLIENT TELEPHONE NUMBER (Include Area Code): 912-354-8999

12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK: MARK DESIMAS / JAMES PERKINS

13. WORK LOCATION TELEPHONE NUMBER (Include Area Code): 912-354-8999

14. DATES SCHEDULED: FROM 1-26-2000 TO 1-26-2000

15. NUMBER OF WORK DAYS: 1

16. LOCATION REFERENCE NUMBER: LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS. NUMBER TO BE ASSIGNED BY NRC

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

17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED IN NON-AGREEMENT STATES (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.): IR192 SOURCE D2432 90 CI

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 licensing license must accompany the initial NRC Form 241.)

LICENSE NUMBER	STATE	EXPIRATION DATE	TOTAL USAGE DAYS TO DATE
GA 952-1	GA	10-31-2003	000032

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 cover sheet of this form and, 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.

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. I am also aware that I will be responsible for any fees associated with such inspections.

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 (Typed/Printed Name and Title)	SIGNATURE	DATE
JAMES PERKINS SUPVR.	James Perkins	1-25-2000

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			
	D.M. Heim, LA/DNMS	SIGNATURE: Diane Heim	DATE: 3

Enclosure 6

NRC FORM 241 (6-96)

USNRC REGION II - MATERIALS LICENSING/INSPECTION BRANCHES (FAX 404-562-4723) (VERIFY 404-562-4955)

MAR 17 '99 10:10 Rec'd

n II NE 5 cc R 1/20/00

JAN 25 '00 12:01 FR LAW ENG-ENV SAVANNAH 912 234/1749 TO 14045624955 P.02/02