NRC FORM 241 (9-96) 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. 3150-0013. Estimated burden per response to comply with this mandatory information collection request: 16 minutes. This notification is required so that NRC may consider environmental or 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.

1. NAME OF LICENSEE (Person or firm proposed to conduct the activities described below): UNIVERSITY OF ALABAMA

2. TYPE OF REPORT: [X] INITIAL [ ] REVISION [ ] CLARIFICATION

3. CONTROL NUMBER (Leave Blank or Number to be Assigned by NRC):

4. ADDRESS OF LICENSEE (Mailing address or other location where requested may be filed): 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

WELL LOGGING		LEAK TESTING AND/OR CALIBRATIONS		TELETHERAPY/IRRADIATOR SERVICE	
PORTABLE GAUGES	X	OTHER (Specify): WETLANDS RESEARCH			
RADIOGRAPHY ⇒		TRANSPORTATION OR PROGRAM APPROVAL NO. & REV. NO.		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 (Street and Number or other location. Give as complete an address or description as possible): COWEETA HYDROLOGIC LAB, NANTHALA NATIONAL FOREST, 999 COWEETA LAB RD., OTTO, NC 28763

11. CLIENT TELEPHONE NUMBER (Include Area Code):

12. WORK LOCATION TELEPHONE AUTHORIZED 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
12/3/99 ~7AM	12/4/99 ~5pm	2	000807

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): PREVIOUSLY SUBMITTED

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 (Photocopies of the specific license must accompany the initial NRC Form 241.)

LICENSE NUMBER	STATE	EXPIRATION DATE	TOTAL USAGE DAYS TO DATE
164	ALABAMA	OCTOBER 1999	8

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, 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-Agreements 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): HAL BARRETT, DIRECTOR EHS/RSO — SIGNATURE: [signature] — DATE: 11/10/99

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 — AUTHORIZED OFFICIAL (Typed/Printed Name and Title): David J. Collins, Health Physicist, Division of Nuclear Materials Safety, USNRC Region II — SIGNATURE: David J. Collins — DATE: 11/10/1999

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USNRC REGION II - MATERIALS LICENSING BRANCH (FAX 404-562-4732) (VERIFY 404-562-4955)

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