

USNRC REGION II - MATERIALS LICENSING/INSPECTION BRANCHES (FAX 404-562-4955) (VERIFY 404-562-4732)

NRC FORM 241 (5-99) 10 CFR 150		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013		EXPIRES: 6/30/99	
<p align="center"><b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES</b></p> <p align="center"><i>(Please read the instructions on the cover sheet before completing this form.)</i></p>							
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)				2. TYPE OF REPORT		3. CONTROL NUMBER (Leave Blank - Number to be assigned by NRC)	
HAYES TESTING LABORATORY, INC.				INITIAL			
4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)				XX CLARIFICATION			
2521 HOLLOWAY RD. LOUISVILLE, KY 40299				5. LICENSEE CONTACT		6. TELEPHONE NUMBER (Include Area Code)	
				DANIEL J. HAYES, SR.		7. FACSIMILE NUMBER (Include Area Code)	
				502/266-9729		502/266-7577	
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		TELE THERAPY/IRRADIATOR SERVICE			
PORTABLE GAUGES		OTHER (Specify)					
X RADIOGRAPHY =>		TRANSPORTATION OR PROGRAM APPROVAL NO & REV NO		REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NOS.)			
ii		NO LONGER APPLICABLE					
9. CLIENT NAME ADDRESS, CITY/COUNTY, STATE, ZIP CODE				10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible.)			
JEFFBOAT, INC. UTICA PIKE JEFFERSONVILLE, IN 47130				SAME - IN YARD			
11. CLIENT TELEPHONE NUMBER (Include Area Code)		12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK		13. WORK LOCATION TELEPHONE NUMBER (Include Area Code)			
812/288-0200		RAYMOND TEODORSKI		812/288-0504			
14. DATES SCHEDULED				15. NUMBER OF WORK DAYS		16. LOCATION REFERENCE NUMBER	
FROM		TO		1		LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS NUMBER TO BE ASSIGNED BY NRC	
11-12-99		11-12-99				LRN #001340	
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.)							
IR-192 MAX. CURIES 100							
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 the initial NRC Form 241.)							
LICENSE NUMBER		STATE		EXPIRATION DATE		TOTAL USAGE DAYS TO DATE	
201-168-05		KENTUCKY		7-1-00			
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 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.							
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	
DANIEL J. HAYES, SR. LEVEL III & RSO				<i>[Signature]</i>		11-11-99	
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)		SIGNATURE		DATE	
				<i>[Signature]</i>		11/12/99	

Received in Region II NEOS  
11/12/99 cc R3