NRC FORM 241 (8-98) 10 CFR 150

U. S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 8/30/99

Estimated burden per response to comply with this mandatory information collection request: 15 minutes. This submission 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 ENG. & ENVIRONMENTAL SVCS

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

6 TELEPHONE NUMBER (Include Area Code)
912-288-3889

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)		
[X] RADIOGRAPHY ⇒	TRANSPORTATION QA PROGRAM APPROVAL NO & REV NO: GA-952-1	REGISTERED AS USER OF PACKAGINGS (CERTIFICATES OF COMPLIANCE NOS.): SPECIAL FORM N.O.S. UN2974 RQ	

9 CLIENT NAME ADDRESS CITY/COUNTY STATE ZIP CODE
IHP
1701 SOUTH 8TH ST
ST. JOSEPH'S MISSOURI
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
J. PERKINS

13 WORK LOCATION TELEPHONE NUMBER (Include area Code)
912-313-0785

14 DATES SCHEDULED FROM	TO	15 NUMBER OF WORK DAYS	16. LOCATION REFERENCE NUMBER
4-6-2000	4-6-2000		LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS NUMBER TO BE ASSIGNED BY NRC: 000032

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.)
FRAZ 50 CURIES SOURCE # 2430

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
GA 952-1	GA	10-31-2000	7

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-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 (Type/Printed Name and Title)	SIGNATURE	DATE
JAMES PERKINS SUPERVISOR	James Perkins	4-4-2000

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	AUTHORIZ	SIGNATURE	DATE
	T. R. Decker Chief, MLIB1		4/4/00

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Enclosure 6

USNRC REGION II - MATERIALS LICENSING/INSPECTION BRANCHES (FAX 404-562-4955) (VERIFY 404/562-4123)