REGION II
Calendar Year 2000

TRANSMITTAL FOR NRC FORM 241 & REVISION SUBMITTALS

[ ]	INITIAL 241 PACKAGE	LRN ___
[✓]	REVISION	LRN 000773
[ ]	CLARIFICATION	LRN ___

LICENSEE NAME: Whitaker Labs

LICENSE STATE: GA NUMBER: 136-1

CHECK NO: 6472

CHECK AMOUNT: $ 200.00

FORWARDED BY: [illegible]

Includes:	Initial	Revision	Clarification
Form 241	✓	☐	☐
Fee	✓	☐	
License Copy	✓		

LICENSE FEE & ACCOUNT RECEIVABLE BRANCH

6472

WHITAKER LABORATORY INC.
2500 TREMONT RD 912 944 0900
P O BOX 7081
SAVANNAH GA 31418

64-7007/2611

DATE 4/20/00

PAY TO THE ORDER OF U.S. Nuclear Regulatory Commission $ 200.00

Two hundred & 00/100 DOLLARS

Security features included. Details on back.

FIRST LIBERTY BANK
Savannah, Georgia

Joseph E. Whitaker

MP

FOR

⑆061000700⑆ 0711200700⑈ 8863048911

FAX TRANSMITTAL

To	T. Whitaker	# of pages ▶	6
Dept./Agency		From	Diane
Fax #	912-233-5061	Phone #	NRC
		Fax #	404 562 496

NRC FORM 241 (7-1999) U.S. NUCLEAR REGULATORY COMMISS

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSI FEDERAL JURISDICTION, OR OFFSHORE WATERS

(Please read the instructions before completing this form)

NBN 7540-31-317-7568 ... 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.

1. NAME OF LICENSEE *(Person or firm proposing to conduct the activities described below)*
Whitaker Laboratory, Inc.

2. TYPE OF REPORT
☐ INITIAL ☑ REVISION ☐ CLARIFICATION

3. ADDRESS OF LICENSEE *(Mailing address or other location where licensee may be located)*
2500 Tremont Rd.
Savannah, GA 31405

4. LICENSEE CONTACT AND TITLE
Joseph Whitaker (RSO)

5. TELEPHONE NUMBER *(Include Area Code)*
912/234-0696

6. FACSIMILE NUMBER *(Include Area Code)*
912/233-5061

7. ACTIVITIES TO BE CONDUCTED 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 ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
RUTHERFORD CONSTRUCTION

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION *(Street and Number or other location. Give as complete an address or directions as possible.)*
SABRE HALL
HUNTER ARMY AIRFIELD
SAV'H GA.

10. CLIENT TELEPHONE NUMBER *(Include Area Code)*
(912) 234-0696

11. WORK LOCATION TELEPHONE NUMBER *(Include Area Code)*

12. DATES SCHEDULED FROM	TO	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
4/20/00	4/20/00	1			NUMBER TO BE ASSIGNED BY NRC 000773

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 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.)*
Cs-137 mCi-10
Am-241 mCi-40

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 5 ABOVE. *(Four copies of the specific license must accompany the initial NRC Form 241.)*	LICENSE NUMBER	STATE	EXPIRATION DATE
	GA-136-1	GA	1/31/02

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; 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, With the exception of work conducted in off-shore waters, which is authorized for an unlimited period of time in the 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.

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 *(Name and Title)*	SIGNATURE	DATE
Joseph Whitaker	[signature]	4/20/00

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 representation to any department or agency of the United States as to any matter within its jurisdiction.

FOR NRC USE ONLY	REVIEW	D. M. Heim LA/DNMS	SIGNATURE	DATE	TOTAL USAGE - DAYS TO DATE
			[signature]	4/20/00	16

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