

FOR NRC USE ONLY

D. M. Helm
RE LADMMS

Signature: *[Signature]*
DATE: 1/23/00

TOTAL USAGE - DAYS TO DATE

WARNING: False statements in this certificate may be subject to civil and/or criminal penalties. NRC regulations require that admissions 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 report.

CERTIFYING OFFICER: RSO or Management Representative (Name and Title)
Michael S. Kelly, President & RSO

Signature: *[Signature]*
DATE: 2/22/00

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 printed 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.

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: 201-175-22
STATE: KY
EXPIRATION DATE: 3/31/00

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).
Co-57, Ba-133, Cs-137 E-vial sources, Co-57 flood sources, Generally Licensed Sources

Table with 5 columns: 12. DATES SCHEDULED, 13. NUMBER OF WORK DAYS, 14. ADD, 15. DELETE, 16. LOCATION REFERENCE NUMBER. Includes 'FROM' and 'YEAR 2000'.

10. CLIENT TELEPHONE NUMBER (include Area Code)
11. WORK LOCATION TELEPHONE NUMBER (include Area Code)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
See Attached Client List
B. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)
See Attached Client List

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20
RADIOGRAPHY
OTHER (Specify) Dose Calibrator QA and Shielding Interlock Tests
LEAK TESTING AND/OR CALIBRATIONS
TELE THERAPY/RADIATOR SERVICE

2. TYPE OF REPORT
INITIAL REVISION CLARIFICATION
3. LICENSEE CONTACT AND TITLE
Michael S. Kelly, CHP

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)
d.p.a. A. Jacobson & Associates

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

U.S. NUCLEAR REGULATORY COMMISSION
NRC FORM 241 (7-1989)

APPROVED BY OMB: NO. 150-0013
Estimated burden per response to comply with this mandatory collection request: 15 minutes. This notification is reduced so that NRC may schedule inspection of the activities to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Send comments regarding burden estimates to the Records Management Branch (T-60), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to: pl@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOR-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. It is 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.

Revised 05/22/2000

Note: USNRC will be notified by facsimile transmission 3 days prior to the work date if when dates of work are determined for these facilities.

Item # 1 & 13: Not available at this time
Item 10: Work location same as mailing address
Form 241;

ESROC Materials

Speed, Indiana 47172
Speed Plant, Hwy 31 North
Jeffersonville, IN 47130

000909

2125120

River City Cardiology

207 Sparks Ave, Suite 104
Jeffersonville, IN 47130

000742

Clark Memorial Hospital

Jeffersonville, IN

Scott County Hospital

Scottsburg, IN

000744

Memorial Hospital
Washington County

Salem, IN

000743

Harrison County Hospital

Corydon, IN

2/20/00

Southern Indiana
Medical Center of

Charlestown, IN 47111
2200 Market Street

000677

Kings Daughter's Hospital

Madison, IN 47250
One King's Daughters' Way

3/21/00

000681

and 10
Client Name

Address

Date
Worked

Date
Scheduled

LRN
NRC

2000 Client List
ATTACHMENT TO FORM 241

000909
2/23/00