

FAX TRANSMITTAL

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NRC FORM 241  
(7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

To: *Robt Cunningham* From: *Viane Heim*  
 Dept./Agency: Phone #:  
 Fax #: *205-443-5302* Fax #: *NR*  
 NEN 7540-01-517-7399 5099-101 GENERAL SERVICES ADMINISTRATIO

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

(Please read the instructions before completing this form)

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)  
*GALLET ASSOCIATES*

2. TYPE OF REPORT  
 INITIAL  REVISION  CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)  
*320 BEACON PARKWAY WEST  
BIRMINGHAM, AL 35209*

4. LICENSEE CONTACT AND TITLE  
*ROBERT CUNNINGHAM PE  
SR PROJECT ENG*

5. TELEPHONE NUMBER (Include Area Code)  
*(205) 942-1289*

6. FACSIMILE NUMBER (Include Area Code)  
*205-443-5302*

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)  $\Rightarrow$  \_\_\_\_\_

RADIOGRAPHY  $\Rightarrow$  \_\_\_\_\_

REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE  
*AIG/BAKER  
1701 LEE BRANCH LAKE  
BIRMINGHAM, AL 35242*

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and number or other location. Give as complete an address or directions as possible.)  
*GOLD MINE  
NET CONG FLOWERS RD MT OLIVE  
NEW JERSEY 07828*

10. CLIENT TELEPHONE NUMBER (Include Area Code)  
*(205) 969-1000*

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
<i>6CT 30-00</i>	<i>June 30 2004</i>	<i>250</i>			<i>007183</i>

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 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.)  
*CFM MOISTURE DENSITY GAUGE*

*CESIUM 137 10mC AMERICIUM 241 BRILLIUM 50 mC*

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 9 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)

LICENSE NUMBER: *991* STATE: *AL* EXPIRATION DATE: *12 JUN 30 2004*

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): *EDDIE WALKER RSO* SIGNATURE: *Eddie Walker* DATE: *10.25.00*

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: REVIEWING OFFICIAL (Typed/Printed Name and Title): *David J. Collins, Health Physicist* SIGNATURE: *David J. Collins* DATE: *10/27/2000* TOTAL USAGE - DAYS TO DATE

USNRC Region II - Atlanta GA FAX (404) 562-4723 VERIFY (404) 562-4723

REGION II  
Calendar Year 2000

TRANSMITTAL FOR NRC FORM 241 & REVISION SUBMITTALS

11/11 00

[ ] INITIAL 241 PACKAGE LRN \_\_\_\_\_  
[✓] REVISION LRN 001183  
[ ] CLARIFICATION LRN \_\_\_\_\_

LICENSEE NAME : Gallet & Associates  
LICENSE STATE : AL NUMBER : 991  
CHECK NO: 2638  
CHECK AMOUNT: \$ 200 .00  
FORWARDED BY: Janice Kirby

	Initial	Revision	Clarification
includes: Form 241	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fee	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
License Copy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

LICENSE FEE & ACCOUNT RECEIVABLE BRANCH

1. Fee Category and Amount: \_\_\_\_\_
2. Correct Fee Paid. Submittal may be processed for:  
General License \_\_\_\_\_  
Revision \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_