USNRC Mat'l Lic/Insp Fax:404-562-4955

Page 1 Oct 6 '99

10:53

P. 02/02

PRINTED ON RECYCLED PAPER

NRC FORM 241  U.S. NUCLEAR REGULATORY COMMISSION  Stimuled burden per response to comply with this request. 15 minutes. This houlifestion is required burden per response to comply with this request. 15 minutes. This houlifestion is required burden per response to comply with this request. 15 minutes. This houlifestion is required burden per response to comply with this request. 15 minutes. This houlifestion is required burden per response to comply with this request. 15 minutes. This houlifestion is required accordance with requirements for protection of the series. Send accomments regarding burden astimation. NON-AGREEMENT STATES, AREAS OF EXCLUSIVE  FEDERAL JURISDICTION, OR OFFSHORE WATERS  Colorate and the desk officer, Office of Information and NEOB-10202. (3150-0013), Office of Management States and to the Desk Office, Office of Management States and to the Desk Officer, Office of Management States and to the Desk Officer, Office of Management States and to the Desk Officer, Office of Management States and to the Desk Officer, Office of Management States and to the Desk Officer, Office of Management States and the Desk Officer, Office of Management States and the Desk Officer of Man	
request 15 minutes. This noutleation is require	PIRES: 67/31/200
somethie inspection of the activities to ensure that the	d so that NRC ma
REPORT OF PROPOSED ACTIVITIES IN Sector and accommendate for protection of the sector. Send commendate regarding burden estimated	e public health an
NON-AGREEMENT STATES, AREAS OF EXCLUSIVE Washington DC 20833-0001, or by internal - many to the control of the	ialory Commission iii lo bjs i <b>G</b> nro.go
FEDERAL JURISDICTION, OR OFFSHORE WATERS NeoB-10202, (3150-0013), Office of Manager Washington, DC 20303. If a means used to imp	Regulatory Affain and Budge
I I I I I I I I I I I I I I I I I I I	cosc an informatio
1. NAME OF LICENSEE (Parton of firm apparating in anadust the socialize security and a second to the insuring in the insuring in the second to	in mor tedested f
CODE SERVICIO	
A ADDRESS OF LICENSEE (Mailing address of the light light light)	RIFICATION
man amp April (A) UIPC	
26412 OLD HWY 20 CHRIS CHANDLER, RSO	
MADISON, AL 35756	400
(Include Area Code) (Include Area C	
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20	0-1134
WELLLOGGING	
WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/IRRADIATOR SER	VICE
PORTABLE GAUGES OTHER (Specify)	
X RADIOGRAPHY TO REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)	
8. CUENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE  8. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Strong and Number or other location. Give as complete an address or directions	
	as possible.)
- HAMISTON TOURILL EXPERIENCE	
Anniston Army Depot Anniston Army Depot	
Runum Al	
(Include Ares Code) [Include Ares Code]	NUMBER
Itamore DA anno Alfon	
1-256-240-2279 Same	
12. DATES SCHEDULED 13. NUMBER OF 14. 15. 16. LO WORK DAYS ADD DELETE REFERENCE	CATION OF NUMBER
12. DATES SCHEDULED 13. NUMBER OF 14. 15. 16. LO ROM TO NUMBER TO GE NUMBER TO GE	E NUMBER
12. DATES SCHEDULED 13. NUMBER OF 14. 15. 16. LO WORK DAYS ADD DELETE REFERENCE	E NUMBER
12. DATES SCHEDULED  13. NUMBER OF 14. 15. 16. LO WORK DAYS ADD DELETE REFERENCE NUMBER TO BE ASSIGNED BY NE OOO O UST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-15 AT	CE NUMBER
12. DATES SCHEDULED  13. NUMBER OF MORK DAYS  TO  14. 15. 16. LO  REFERENCE  NUMBER TO 65  ASBIGNED BY NR  OOO O  UST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 A.  T. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED. INSEC. ON TAILUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 A.	CE NUMBER
12. DATES SCHEDULED  13. NUMBER OF 14. 15. 16. LO WORK DAYS ADD DELETE REFERENCE NUMBER TO BE ASSIGNED BY NE OOO O UST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-15 AT	CE NUMBER
12. DATES SCHEDULED  13. NUMBER OF 14. 15. 16. LO WORK DAYS ADD DELETE REFERENCE OF 14. 15. 16. LO DELETE REFERENCE OF 14. 15. 16. LO DELETE REFERENCE OF 14. 15. 16. LO DELETE REFERENCE OF 16. LO DELETE REFERENCE OF TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ATT. LIST RADIOACTIVE MATERIAL. WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quartity of redioactive installed, seeled zources, or divided to be used.)	CE NUMBER
12. DATES SCHEDULED  13. NUMBER OF 14. 15. 16. LO WORK DAYS ADD DELETE REFERENCE OF 14. 15. 16. LO DELETE REFERENCE OF 16. 16. LO DELETE REFERENCE OF 16. 16. LO DELETE REFERENCE OF 16. 16. LO DELETE REPORTED BY NATURE OF 16. LO DELETE REPORTED BY NATURE OF THE PROPERTY	BOVE.
12. DATES SCHEDULED  13. NUMBER OF 14. 15. 16. LO WORK DAYS ADD DELETE REFERENCE OF 14. 15. 16. LO DELETE REFERENCE OF 16. 16. LO DELETE REFERENCE OF 16. 16. LO DELETE REFERENCE OF 16. 16. LO DELETE REPORTED BY NATURE OF 16. LO DELETE REPORTED BY NATURE OF THE PROPERTY	BOVE.
12. DATES SCHEDULED  13. NUMBER OF MORK DAYS  ADD  14. 15. 16. LO  REFERENCE  NUMBER TO 88  ASSIGNED BY NR  LOCAL COMPLETE  NUMBER TO 88  ASSIGNED BY NR  LOCAL COMPLETE STATE  LOCAL COMPLETE COMPLETE  NUMBER  16. LOCAL COMPLETE  NUMBER TO 88  ASSIGNED BY NR  LOCAL COMPLETE STATE  LOCAL COMPLETE BY ARRIVED  ALL 12-31-  19. CERTIFICATION INVIST RE COMPLETED BY ARRIVED  19. CERTIFICATION INVIST RE COMPLETED BY ARRIVED  10. CERTIFICATION INVIST RE COMPLETED BY ARRIVED  ADD TO THE SAME THE SAME THE SAME THE SAME FEED BY ARRIVED  ALL 12-31-	BOVE.
12. DATES SCHEDULED  13. NUMBER OF 14. 15. 16. LO WORK DAYS  ADD DELETE REFERENCE OF 14. 15. 16. LO REFERENCE OF 14. 15. 16. LO REFERENCE OF 16. LO REFERENCE OF 16. LO REFERENCE OF 16. LO REPORT OF 16. LO REPOR	BOVE.
12. DATES SCHEDULED  13. NUMBER OF 14. 15. 16. LO REFERENCE ON DELETE REFERENCE OF TO WORK DAYS  10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	BOVE.
12. DATES SCHEDULED  13. NUMBER OF MORK DAYS  ADD  14. 15. 16. LO  REFERENCE  NUMBER TO 8  ASSIGNED BY NR  LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 AL  LIST RADIOACTIVE MATERIAL. WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED  (Include description of type and quantity of redioactive material, sessed zources, or devices to be used.)  IR 192  COC SPC 150 SINGHAPO 347  AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONOUCT  ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF USE AS SPECIFIED IN TIEM 8.  ABOVE, (Four copies of the specific license must accompany the initial NRG Form 241)  19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)  THE UNDERSIGNED, HEREBY CERTIFY THAT:  3. 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 required to comply with these provisions as to all hypercolum source or consolid must be provision of the general license 10 CFR 150.20 reprinted on the instructions of this form; and I understand required to comply with these provisions as to all hypercolum source or consolid must be provision of the general license 10 CFR 150.20 reprinted on the instructions of this form; and I understand required to comply with these provisions as to all hypercolum sources.	BOVE.
12. DATES SCHEDULED  13. NUMBER OF 14. 15. 15. 16. LO WORK DATS ADD DELETE REFERENCE ADD DELETE REFERENCE ADD DELETE REFERENCE ADD DELETE REFERENCE ASSIGNED BY NATIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ASSIGNED BY NATIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ADD INCLUDE ASSIGNED IN CONDUCT ASSIGNED IN CONDUCT ACTIVITIES WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF LISE AS SPECIFIED IN 1729 A ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF LISE AS SPECIFIED IN 1729 A ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF LISE AS SPECIFIED IN 1729 A ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF LISE AS SPECIFIED IN 1729 A ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF LISE AS SPECIFIED IN 1729 A SPECIFIED IN 1729 A ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF LISE AS SPECIFIED IN 1729 A TOTAL ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF LISE AS SPECIFIED IN 1729 A TOTAL ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF LISE AS SPECIFIED IN 1729 A TOTAL ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF LISE AS SPECIFIED IN 1729 A TOTAL ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF LISE AS SPECIFIED IN 1729 A TOTAL ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF LISE AS SPECIFIED IN 1729 A TOTAL ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF LISE AS SPECIFIED IN 1729 A TOTAL ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF LISE AS SPECIFIED IN 1729 A TOTAL ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF LISE AS SPECIFIED IN 1729 A TOTAL ACTIVITIES WHICH ARE THE SAME ASSENCED AS ASSENCED	BOVE.  102  1 that I am out States or
12. DATES SCHEDULED  13. NUMBER OF NORK DAYS  ADD  14. 15. 16 LO  REFERENCE  NUMBER OF NORK DAYS  ADD  DELETE REFERENCE  NUMBER OF NORK DAYS  ADD  DELETE REFERENCE  NUMBER TO SERVICED, OR TESTED  (Include description of type and quantity of redireactive installed, seeled sources, or devices to se used.)  IR 192  DEC SPEC - 50 S/N GH 380  AGRISMENT STATE SPECIAL UCENSE WHICH AUTHORISES THE UNDERSCHIED IN TENTS  ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF LISE AS SPECIALD IN TENTS  ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF LISE AS SPECIALD IN TENTS  ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF LISE AS SPECIALD IN TENTS  19. CERTIFICATION (MUST SE COMPLETED BY APPLICANT)  THE UNDERSIGNED, MEREBY 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 CPR 150,20 reprinted on the instructions of this form; and I understand offshore waters under the general license for which this report is flux outers, or special nuclear material which i possess and use in non-Agreemen offshore waters under the general license for which this report is flux outers. Nuclear Regulatory Commission.  C. Lunderstand that activities, including storage, conducted in non-Agreement States under that activities, including storage, conducted in non-Agreement States under the server.	BOVE.  102  1 that I am and States or
12. DATES SCHEDULED  13. NUMBER OF 14. DELETE REFERENCE NORTH ADD DELETE REFERENCE NUMBER OF ADD DELETE REFERENCE OF ADD DELETE REFERENCE OF ADD DELETE REFERENCE OF ASSIGNING BY NEW ADDRESSES AND ADDRES	BOVE.  1 Unat I am out States or tall of 180 days indar year.
12. DATES SCHEDULED  13. NUMBER OF NORK DAYS  ADD  14. 15. 16 LO  REFERENCE  NUMBER OF NORK DAYS  ADD  DELETE REFERENCE  NUMBER OF NORK DAYS  ADD  DELETE REFERENCE  NUMBER TO SERVICED, OR TESTED  (Include description of type and quantity of redireactive installed, seeled sources, or devices to se used.)  IR 192  DEC SPEC - 50 S/N GH 380  AGRISMENT STATE SPECIAL UCENSE WHICH AUTHORISES THE UNDERSCHIED IN TENTS  ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF LISE AS SPECIALD IN TENTS  ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF LISE AS SPECIALD IN TENTS  ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF LISE AS SPECIALD IN TENTS  19. CERTIFICATION (MUST SE COMPLETED BY APPLICANT)  THE UNDERSIGNED, MEREBY 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 CPR 150,20 reprinted on the instructions of this form; and I understand offshore waters under the general license for which this report is flux outers, or special nuclear material which i possess and use in non-Agreemen offshore waters under the general license for which this report is flux outers. Nuclear Regulatory Commission.  C. Lunderstand that activities, including storage, conducted in non-Agreement States under that activities, including storage, conducted in non-Agreement States under the server.	BOVE.  1 Unat I am out States or tall of 180 days indar year.
12. DATES SCHEDULED  13. NUMBER OF MORK DAYS ADD DELETE REFERENCE REFERENCED ON DELETE REFERENCED ON TO DELETE NUMBER TO SE ASSIGNED BY NO OCCUPANTION OF USE ASSIGNED BY NO OCCUPANT OF THE UNDERSCRIPT OF OWNERS OF THE SAME EXCEPT FOR COCATION OF USE AS SPECIFIED IN TEMS.  AGRIGAMENT STATE SITE STREET DESCRIPTION OF USE AS SPECIFIED IN TEMS.  ARTIVITIES WHERE ARE THE SAME EXCEPT FOR COCATION OF USE AS SPECIFIED IN TEMS.  ARTIVITIES WHERE ARE THE SAME EXCEPT FOR COCATION OF USE AS SPECIFIED IN TEMS.  19. CERTIFICATION (MUST SE COMPLETED BY APPLICANT)  THE UNDERSIGNED, MEREBY CERTIFY THAT:  3. All information in this report is true and complete.  4. I have read and understand the provision of the general license 10 CPR 150.20 reprinted on the instructions of this form; and I understand required to comply with these provisions as to all byproduct, source, or special nuclear material which i possess and use in non-Agreement 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 CPR 150.20 are limited to a tor in calendar year. With the exception of work conducted in on-Agreement States under general license 10 CPR 150.20 are limited to a tor in calendar year. With the exception of work conducted in on-Agreement States under general license for activities non-Agreement States or of States are desired.  4. I understand that I may be inepected by NRC at the above listed work site locations and at the Licensee home office address for activities non-Agreement States or office and address for activities non-Agreement States or office and address for activities.  4. I understand that that office and address including an address including and at the Licensee home office address for activities non-Agreement Stat	BOVE.  I that I am and States or tal of 180 days indar year, performed in
12. DATES SCHEDULED  13. NUMBER OF 14. 15. 16. LO DELETE REFERENT REFERENT REFERENT NUMBER OF NU	BOVE.  I that I am and States or tal of 180 days indar year, performed in
12. DATES SCHEDULED  13. NUMBER OF 14.  15. REFERENCE  ROM  10  10  11  10  11  10  11  10  11  10  11  10  11  10  11  10  11  10  11  10  11	BOVE.  102  1 that I am out States or tal of 180 days indar year, performed in described
12. DATES SCHEDULED  13. NUMBER OF 14. DELETE REPRENENT TO DELETE REPRENENT TO DELETE REPRENENT TO DELETE REPRENENT STATE SPETCH USENS ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 A SUBJOINED BY NEW COOLD ON THE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 A (INCLUSE description of type and quantity of redisactive minerial, seeled sources, of devices to be used.)  IR 192  DEC SPEC 150 SIN GHOS NUMBER STATE EXPERIENCE OF THE UNDERSCORD TO CONDUCT ACTIVITIES WHICH ARE THE SAME EXCEPT FOR COCATION OF USE AS SPECIFIED IN 1789 A 1 1075 AL 12-31-19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)  THE UNDERSIGNED, MEREBY CERTIFY THAT:  a. All information in this report is true and complete.  b. I have read and understand the prevision of the general license 10 CFR 150.20 reprinted on the instructions of this form; and I understand required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use in non-Agreemen required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use in non-Agreemen required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use in non-Agreemen required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use in non-Agreemen required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use in non-Agreemen required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use in non-Agreemen required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use in non-Agreemen states under the general license for which this report is filed whork size locations and at the Licensee home office address for activities in	BOVE.  BOVE.  CI  O 2  Chat I am ont States or tal of 180 days idar year.  performed in described
12. DATES SCHEDULED  13. NUMBER OF ADD  15. DELETE  REFERENCE  ROWN WORK DAYS  ADD  15. ADD  16. LO  NUMBER TO SE  ASSIGNED BY NO  OOD  UST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 A  SUBJECT OF INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 A  TO STRADIOACTIVE MATERIAL. WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED  INCLUDE description of type and quarmy of redirective manufal, seeled sources, or devices to be used.)  IR 192  SOURCE OF SOURCE OF THE CONTROL OF ISSUES SHEET BY NEED TO CONDUCT  IN ADDRESS NUMBER  STATE EXPRANTION DATE  ABOVE, Four copies of the EXCEPT PAR LOCATION OF ISSUES SHEETINGD IN TEMS 8  A ATTEMPT OF THE UNDERSIGNED, HEREBY CERTIFY THAT:  a. All information in this report is true and complete.  b. I have read and understand the prevision of the general license 10 CPR 150, 20 reprinted on the instructions of this form; and I understand on the instructions of this form; and I understand on the general license and complete.  b. I have read and understand the prevision of the general license 10 CPR 150, 20 reprinted on the instructions of this form; and I understand on the general license in this report is filed with the U.S. Nurdear Regulatory Commission.  c. I understand that activities inclined storage for which this report is filed with the U.S. Nurdear Regulatory Commission.  c. I understand that activities inclined storage for which this report is filed with the U.S. Nurdear Regulatory Commission.  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 non-agreement States or offshore waters.  a. 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 non-agreement States or offshore waters.  a. 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 non-agreement State	BOVE.  BOVE.  CI  O 2  Chat I am ont States or tal of 180 days idar year.  performed in described
12. DATES SCHEDULED  13. NUMBER OF WORK DAYS  14. 15. REFERENCE  ROM  10. DELETE REFERENCE  ROM NUMBER TO AS ADD DELETE  REFERENCE  ROM NUMBER TO AS ADD DELETE  REFERENCE  ROM NUMBER TO AS ASSIGNED BY NO OO	BOVE.  BOVE.  102  1 that I am out States or tall of 180 days indar year.  performed in described  yeslons to se