	NRC FORM 241 (7-1999)	U.S. NUCLEAR REG	SULATORY COMMISSION	APPROVED BY Estimated burder request: 15 mil	OMB: NO. 3150-0 on per response to c nutes. This notific	013 EXPIRES: 07/31/2002 comply with this mandatory collection ation is required so that NRC may	
	<i>}</i>	F PROPOSED ACT		schedule inspect accordance with safety. Send c Management P	tion of the activities in requirements for omments regardin (T_S_S)	to ensure that they are conducted in protection of the public health and g burden estimate to the Records	
1	FEDERAL JURISDICTION, OR OFFSHORE WATERS				Washington, DC 20555-0001, or by internet e-mail to bist@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs,		
		APPROVED BY OMB: NO. 3150-0013 EXPIRES: 07/31/2002 Estimated burden per response to comply with this mandatory collection request: 15 minutes. This notification is required 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 estimate to the Records Management Branch (T-S E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-001, or by internet e-mail to bis1@nrc.gov, and to the Desk Officer, Office of Management and Budget, 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.					
	(Please read the instructions before completing this form) 1. NAME OF LICENSEE (Person or firm proposing to conduct the solivities described below)						
	Bas will date to C				2. TYPE OF REPORT		
	3. ADDRESS OF LICENSEE (Meiling address or other logison where licensee may be located)				4. LICENSEE CONTACT AND THE		
	4425 Pleas						
	POBOX 30097			5. TELEPHONE NUMBER 6. FACSIMILE NUMBER			
Į	Rateigh NC	27422-0097	7	anciude Area C	5-9152	(Include Araa Code) 9197835616	
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20						50.20	
	WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/IRRADIATOR SERVICE PORTABLE GAUGES OTHER (Specify) ->>						
	RADIOGRAPHY	14	OF PACKAGING (CERTIFICATES OF		ABERS)		
	S. CLIENT NAME, ADDRESS, CITY/C		9. ACTUAL PHYSIC (Stroot and Numi	AL ADDRESS OF W	ORK LOCATION Give as complete an a	oddress of directions as possible.)	
	Global Const	truction Co.	Additie	nal Pa	r King ner Scho		
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) Attn: Ricky Lanier 10. CLIENT TELEPH include Area Con 252.527							
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