-			- LABORALTIN	OND: NO \$478 -		
NRC FORM 241 U.S. NUCLEAR REGULATORY COMMISSION (7-1999)			N APPROVED B) Estimated burd request: 15 mi schedule Inspo	APPROVED BY OMB: NO. 3150-0013 EUPIRES: 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-6 E5), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to bist Garc.gov. and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3160-0013), 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 regulred to respond to, the Information collection.		
REPORT OF PROPOSED ACTIVITIES IN			accordance wi safety. Send o Management E			
NON-AGREEMENT STATES, AREAS OF EXCLUSIVE			and in the Dea	sk Officer, Office of	by moment orman to ofsignic.gov, information and Regulatory Alfaks, ice of Management and Rudget	
FEDERAL JURISDICTION, OR OFFSHORE WATERS			Weshington, D	C 20503. If a me s not display a curro	ans used to impose an information any valid OMB control number, the	
(Please read the instructions before completing this form)			NRC may not respond to, the	conduct or sponso information collectio	r, and a person is not required to n.	
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) HAYES TESTING LABORATORY, INC.				2. TYPE OF REPORT		
3. ADDRESS OF LICENSEE (Melling address or other location where iscansee may be location						
2521 HOLLOWAY ROAD LOUISVILLE, KY 40299				4. LCENSEE CONTACT AND TITLE DANIEL J. HAYES, SR., PRESIDENT		
10010111007 R1 40273			5. TELEPHONE		6. FACSIMILE NUMBER (Incluse Area Cade)	
		······	502/2	66-9729	502/266-7577	
	7. ACTIVITIES TO BE CONDUC	TED UNDER THE GEN	ERAL LICENSE G	IVEN IN 10 CFR 1	50.20	
		AND/OR CALIBRATIO		ELETHERAPY/IRR	ADIATOR SERVICE	
PORTABLE GAL	JGES OTHER (Specif	ý) ⇒>>				
XX RADIOGRAPHY		F PACKAGING (CERTIFICATE	S OF COMPLIANCE NU	JMBERS)		
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE 9. ACTUAL PHYSICA (Street and Numb			rsical, ADDRESS OF V Number or other location	AL ADDRESS OF WORK LOCATION ber or other location. Give as complete an address or directions as possible j		
JEFFBOAT	INC.			·		
P.O. BOX	610		A PIKE ERSONVILLI	E, IN 47	130	
JEFFERSON	VILLE, IN 47130	UBEEI		nar antsi "kl.		
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