REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS (Please read the Instructions before completing this form) 1. NAME OF LICENSEE (Person or Term proposing to canduct the activities described below)				APPROVED BY OMB: NO. 3150-0013 Estimated burden per response to comply with this mandatory collection request: 15 minutes. This notification is required so that NRC me schedule inspection of the activities to ensure that they are conducted accordance with requirements for protection of the public health an safety. Send commonts regarding burden estimate to the Record Management Branch (T-6 E5), U.S. Nuclear Regulatory Commission Washington, DC 20555-0001, or by Internet e-mail to bis1@nrc.go and to the Desk Officer, Officer of Information and Regulatory Affairs NEOB-10202, (3150-0013), Officer of Management and Budge Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, th NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.		
HAYES TESTING LABORATORY, INC.				2. TYPE OF REPORT INITIAL REVISION X CLARIFICATION		
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 2521 HOLLOWAY ROAD LOUISVILLE, KY 40299			4. LICENSEE C	4. LICENSEE CONTACT AND TITLE DANIEL J. HAYES, SR., PRESIDEN		
			(Include Area	Code)	6. FACSIMILE NUMBER (Include Area Code) 502/266~7577	
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERA				502/266-9729 502/266-7577 AL LICENSE GIVEN IN 10 CFR 150.20		
WELL LOGGING		AND/OR CALIBRATION	NS T	ELETHERAPY/IRR	ADIATOR SERVICE	
PORTABLE GAUGE	S OTHER (Specif	y) ⇒				
XX RADIOGRAPHY	RÉGISTERED AS USER OI	PACKAGING (CERTIFICATES	OF COMPLIANCE N	UMBERS)		
8. CLIENT NAME, ADDRESS, CITYCOUNTY, STATE, ZIP CODE MARINE BUILDERS 208 W. CHURCH ST. UTICA, IN 47130 8. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number of other location. Give as complete en address or directions as possible. SAME					eddress ar directions es possible.)	
		(Include Are 812/28	EPHONE NUMBER Code) 3-7932	11. WORK LO (Include A) SAM		
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER	
1-31-01	1-31-01	1			NUMBER TO BE ASSIGNED BY NRC 00242	
	LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE. 17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED					
LIST ADDITIONAL W	ORK SITES ON SEPARATE S	HEET(S) TO INCLUDE	ACL INFORMAT			
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