NRC FORM 241 (7-1999)							
	U.S. NUCLEAR REG	ULATORY COMMISS	ON APPROVED	BY OMB: NO	. 3150-00	013 EXPIRES: 07/31/20	
DEDONT OF TRANSPORT				request: 15 minutes. This notification is required so that NRC m schedule inspection of the activities to ensure that they are conducted			
REPORT OF PROPOSED ACTIVITIES IN				comments in Branch (T-6	egarding E8), U.S	protection of the public health a burden estimate to the Record L. Nuclear Regulatory Commission	
NON-AGREEMENT STATES, AREAS OF EXCLUSIVE				DC 20555-0 esk Officer, C	001. or I	by Internet e-mail to bis1@nrc.p	
FEDERAL JURISDICTION, OR OFFSHORE WATERS				2, (3150-001 DC 20503.	i a me	ce of Management and Budg ans used to impose an informati	
(Please read the instructions before completing this form)				APPROVED BY OM8: NO. 3150-0013  Estimated burden per response to comply with this mandatory collecting request: 15 minutes. This notification is required so that NRC meschedule inspection of the activities to ensure that they are conducted accordance with requirements for protection of the public health at safety. Send comments regarding burden estimate to the Recommens and Branch (T-6 E8). U.S. Nuclear Regulatory Commission Washington, DC 20555-0001, or by Internet e-mail to bis1@nrc.go and to the Desk Officer, Office of Information and Regulatory Affair NEOB-10202, (3150-0013), Office of Management and Budge Washington, DC 20503. If a means used to impose an informatic collection does not display a currently valid OMB control number, it NRC may not conduct or sponsor, and a person is not required respond to, the information collection.			
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) HAYES TESTING LABORATORY, INC.				2. TYPE OF REPORT			
	g address or other location where license		Пии 🗌	☐ INITIAL ☐ REVISION ☑ CLARIFICATION			
2521 HOLLOWAY	re mey be located)	4. LICENSEE C					
LOUISVILLE, KY 40299			DANIEL	DANIEL J. HAYES, SR., PRESIDENT			
			5. TELEPHONE	NUMBER Codel	Ī	6. FACSIMILE NUMBER (Include Ares Code)	
			502/2	66-972	9	502/266-7577	
7.	ACTIVITIES TO BE CONDUC	TED UNDER THE GE	NERAL LICENSE	GIVEN IN 10	CFR 1	50.20	
WELL LOGGING	LEAK TESTING	AND/OR CALIBRATI	ONS T	ELETHERA	PY/IRRA	ADIATOR SERVICE	
PORTABLE GAUGE	ES OTHER (Specif	vı ⇒>					
· ———							
XX RADIOGRAPHY	——————————————————————————————————————	F PACKAGING (CERTIFICAT	ES OF COMPLIANCE N	UMBERS)			
6. CUENT NAME, ADDRESS, CITY/C	COUNTY, STATE, ZIP CODE	8. ACTUAL P	HYSICAL ADDRESS OF	WORK LOCATI	ON		
WITTEN BROTHERS, INC. P.O. BOX 206  INDIAN				ALADDRESS OF WORK LOCATION ber of other location. Give as complete an address or directions as possible.) A—KENTUCKY ELECTRIC CORP.			
CHARLESTOWN, IN 47111 CLIFTY				POWER :	PLAN	T	
		1	WAY 56 SON, IN	47250			
		10. CUENT	ELEPHONE NUMBER		ORK LOC	ATION TELEPHONE NUMBER	
		56-3393			a Coda) 265–8735		
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14, ADD	15. DELE		16. LOCATION REFERENCE NUMBER	
FROM 3-4-2001	<sup>το</sup> 3-7-2001					NUMBER TO BE ASSIGNED BY NRC	
		4				000499	
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