

NRC FORM 241  
(7/1999)

U.S. NUCLEAR REGULATORY COMMISSION

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-6 FB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bsl@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOR-10202 (3150-0013) 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 required to respond to, the information collection.

# 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 (Check one: <input type="checkbox"/> Federal, <input type="checkbox"/> State, <input type="checkbox"/> Local, <input type="checkbox"/> Tribal, <input type="checkbox"/> Other) (Indicate the activities jurisdiction below)		2. TYPE OF REPORT INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION <input type="checkbox"/>	
UNIVERSITY OF ALABAMA		HAL BARRETT	
3. ADDRESS OF LICENSEE (Mailing address for licensee, licensee's principal office, or activity site)		4. LICENSEE CONTACT NAME	
PO Box 870178 TUSCALOOSA, AL. 35487-0178		HAL BARRETT	
5. TELEPHONE NUMBER (Include Area Code)		6. FACSIMILE NUMBER (Include Area Code)	
205-348-5405		205-348-7773	

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

WELL LOGGING  PALE TESTING AND/OR CALIBRATIONS  TELE THERAPY IRRADIATOR SERVICE

PORTABLE X-RAYS  WETLANDS RESEARCH

RADIOTHERAPY

8. LICENSEE HOME OFFICE ADDRESS	9. ACTUAL SITE ADDRESS (If different from 8)
UNIVERSITY OF ALABAMA 15 RESEARCH DRIVE TUSCALOOSA, AL 35487-0178 TUSCALOOSA COUNTY	COWEETA HYDROLOGIC LAB NANTHALA NATIONAL FOREST 999 COWEETA LAB RD. OTTO, NC 28763
10. LICENSEE TELEPHONE NUMBER (Include Area Code)	11. LICENSEE FACSIMILE NUMBER (Include Area Code)
205-348-5405	NA

12. DATE(S) SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
2 7AM 3/6/01	2 5PM 3/6/01			000059

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE

17. LIST RADIOACTIVE MATERIAL WHICH IS STORED, USED, INSTALLED, SERVICED OR TESTED (Include less than 100 mg of type III and IV, and less than 100 mg sealed sources, or inventories to be used)

SAME AS PREVIOUSLY SUBMITTED

18. AGREEMENT STATE (SPECIFIC LICENSEE STATE) (If different from 17, list the state(s) where the activities specified in item 9 ABOVE) (Four copies of the specific license must accompany the initial NRC Form 241)	19. FEDERAL MAILING DISTRICT	20. STATE	21. EXPIRATION DATE
AL	164	AL	OCT. 2004

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED HEREBY 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 CFR 150.20 reprinted on the instructions of this form, and I understand that I am required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use in non Agreement States or 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 CFR 150.20 are limited to a total of 180 days in calendar year. With the exception of work conducted in off-shore waters, which is authorized for an unlimited period of time in the calendar year
- 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 performed in non-Agreement States or offshore waters
- e. I understand that conduct of any activities not described above, including conduct of activities on dates or locations different from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties

CERTIFYING OFFICER (If State Management, list name, title, and address)	SIGNATURE	DATE
HAL BARRETT RSO	<i>Hal Barrett</i>	2/9/01

WARNING: False statements in this certificate may be subject to civil and/or criminal penalties. NRC regulations require that submissions to the NRC be complete and accurate in all material respects. 18 U.S.C. Section 1001 makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

FOR NRC USE ONLY	RE	DATE	SIGNATURE	DATE	TOTAL USAGE (DAYS) DATE
	Janice H. Kirby Licensing Assistant		<i>Janice Kirby</i>	2/13/01	2