P. 02

NRC FORM 241 U.S. NUCLEAR REGULATORY COMMISSION			
NRC FORM 241 U.S. NUCLEAR REGULATORY COMMISSION (7-1999)	APPROVED BY OMB: NO Estimated burden per resi	O. \$150-00 ponse to co	13 EXPIRES: 07/31/2002 mply with this mandatory collection
	schedule inspection of the	his notifica e activities t	tion is required so that NRC may to ensure that they are conducted in
REPORT OF PROPOSED ACTIVITIES IN	APPROVED BY OMB: NO. \$150-0013 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 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjst @mrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEO8-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently wild OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.		
NON-AGREEMENT STATES, AREAS OF EXCLUSIVE			Nuclear Regulatory Commission, y internet e-mail to bist @nrc.gov.
FEDERAL JURISDICTION, OR OFFSHORE WATERS		Office of h 013), Offic	nformation and Regulatory Affairs,
	collection does not displa	if a mea ay a curren	ans used to impose an information itly valid OMB control number, the
(Please read the instructions before completing this form) NRC may not conduct or a respond to, the information of the set with the set w		r sponsor, n collection	, and a person is not required to
r, there of Licensee (Ferson a tim proposing to conduct the activities described below)	2. TYPE OF REPORT		
RTD Associates, P.A.	INITIAL REVISION CLARIFICATION		
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 4. LICENSEE CONTACT AND TITLE			
222	Rob Tatum		
222 Beltway Blvd. Matthews, NC 28104	Padiation Catolur Office		
Macchews, NC 28104	5. TELEPHONE NUMBER (Include Area Code) G. FACSIMILE NUMBER (Include Area Code) (Include Area Code)		
	704-882-751	7	704-882-7530
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENER	AL LICENSE GIVEN IN 1	0 CFR 15	0.20
WELL LOGGING		APY/IRRA	DIATOR SERVICE
T PORTABLE GAUGES OTHER (Specify)			
	F COMPLIANCE NUMBERS)		
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE			
	CAL ADDRESS OF WORK LOCA	TION mplete an ad	dress or directions as possible.)
12465 Warwick Blvd.			
Nourse Mana III and a	Public Schoo		
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(include Area	codo)	Include Area	TION TELEPHONE NUMBER
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