NRC FORM 241	U.S. NUCLEAR REGU	ATORY COMMISSIO	N APPROVED BY	OMB: NO. 3150-0 in per response to	0013 EXPIRES: 07/31/2002 comply with this mandatory collection	
(7-1999)			request: 15 min schedule inspec	rules. This notification of the activities to requirements for	to ensure that they are conducted in replaced in the public health and reprotection of the public health and reprotection and reprotection of reprotection and reprotection and reprotection reprot	
REPORT OF PROPOSED ACTIVITIES IN				mments regardii ranch (T-6 E6), U	r protection of the public headh and no burden estimate to the Records. S. Nuclear Regulatory Commission, by internet e-mail to bis1@nrc.gov, f Information and Regulatory Affairs, fice of Management and Budget, leans used to impose an information ently valid OMB control number, the or and a pattern is not required to	
NON-AGREEMENT STATES, AREAS OF EXCLUSIVE			washinglon, Di and to the Desi NEOR-10702	C 20555-0001, or k Officer, Office of (3150-8013). Of	r by internet e-mail to distigants.gov, I Information and Regulatory Affairs, Tice of Management and Budget.	
FEDERAL JURISDICTION, OR OFFSHORE WATERS				C 20503. If a m not display a curr	eans used to impose an information ently valid OMB control number, the	
(Please read the instructions before completing this form)				information collecti	on.	
1. NAME OF Local SEE (Person or farm proposing to conduct the extinities described below)  HAYES TESTING LABORATORY, INC.				2. TYPE OF REPORT		
				INITIAL REVISION X CLARIFICATION  4. LICENSEE CONTACT AND TITLE		
ADDRESS OF LICENSEE (Malling address or other location where licensee may be located)     2521 HOLLOWAY ROAD					en prestrena	
LOUISVILLE, KY 40299					S, SR., PRESIDENT	
			5. TELEPHONE N (Include Area C	IUMBER iodej	6. FACSIMILE NUMBER (Include Area Code)	
			56-9729	502/266-7577		
7. /	ACTIVITIES TO BE CONDUCT					
WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/IRRADIATOR SERVICE						
PORTABLE GAUGE	S OTHER (Specify	)· ⇒				
	" REGISTERED AS USER OF	-	S OF COMPLIANCE NU	MBERS)		
XX RADIOGRAPHY	⇒					
8. CLIENT NAME, ADDRESS, CITY/CA		9. ACTUAL PH (Street and	YSICAL ADDRESS OF \ Number or other location	NORK LOCATION I, Givo as complete a	n eddress or directions as possible.)	
GLOBE MECHANICAL, INC. 20 W. 7TH ST. SAME						
NEW ALBANY,						
		10. CLIENT TI (htdude A	LEPHONE NUMBER 00 Code) 049-2001	11. WORKI (Include SAM	LOCATION TELEPHONE NUMBER  Annu Cado)  [F:	
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