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NRC FORM 241 (7-1999)						APPROVED BY OMS: NO. 3150-0013 EXPIRES: 07/31/2007 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 scrivilies to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Sand comments regarding burden estimate to the Records Management Branch (T-6 E5), U.S. Nuclear Regulatory Commission, Washington, OC 20955-0001, or by internet e-mail to bis fighte, gav, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-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					accordance wasfety. Send	accordance with requirements for protection of the public health and safety. Send comments recarding burden estimate in the				
NON-AGREEMENT STATES, AREAS OF EXCLUSIVE					Management Washington	Management Branch (T-6 E5), U.S. Nuclear Regulatory Commission, Washington, OC 20555-0001, or by internet o-mail to bis1 fines man				
FEDERAL JURISDICTION, OR OFFSHORE WATERS						and to the Dest Officer Office of Information and Regulatory Affairs NEOB-10702, (3150-0013), Office of Management and Budget				
(Please read the instructions before completing this form)					vyasnington, to collection doe NRC may not contact to the	Washington, DC 20503. If a means used to impose an information collection does not display a currently valid CMB control number, the NRC may not conduct or sponsor, and a person is not required to reagond to, the information collection.				
1 NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)					Transcript 19, mrs	2. TYPE OF REPORT				
S.K. McBryde, Inc.					[] INITI	INITIAL REVISION X CLARIFICATION				
3. ADDRESS OF UCENSEE (Mailing address or other location where licensee may be located)						ONTACT AND TO	rle			
P.O. Box 579										
Summerfield, North Carolina 27358					James E	James E. Buchanan, R.S.O.				
					S. TELEPHONE	S. TELEPHONE NUMBER (Include Area Code) S. FACSIMILE NUMBER (Include Area Code)				
					1 '	336/852-0318 336/632-0536				
	7.	ACTIVITIES TO BE CONDUCT	ED UNDE	R THE GEN	eral License (GIVEN IN 10	CFR 15	0,20		
WELL LO	OGGING	LEAK TESTING	AND/OR	CALIBRATIO	ns T	ELETHERAP	Y/IRRA	DIATOR SE	RVICE	
PORTA	BLE GAUGE	S OTHER (Specify	<i>'</i>) ⇒⇒							
X RADIOG	RAPHY	⇒ PEGISTERED AS USER OF 9263 USA/962	PACKAGING 3/B(U)	G (CERTIFICATE	s of compliance N	UMBERS)				
8. CUENT NAME AD	DRESS. CITY/C	DUNTY, STATE ZIP CODE		B. ACTUAL PH	YSICAL ADDRESS OF Number or other location	WORK LOCATION	N.	desag of direction		
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Bristol, Virginia 24201 10. CLIENT TELE (Include Area 540/669-										
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