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	U.S. NUCLEAR REGU	LATORY CO	MMISSION	APPROVED BY	OMB: NO.	3150-001	3	EXPIRES: 07/31/2002		
U.S. NUCLEAR REGULATORY COMMISSION					Estimated burden por 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					
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE				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 56), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to bis1@nrc.gov, and to the Desk Officer, Office of Management and Budget, Washington, DC 20503. If a means used to impose an information utbolic does and for a means used to impose an information of the Desk Officer of Management and Budget,						
									FEDERAL JURISDICTI	FEDERAL JURISDICTION, OR OFFSHORE WATERS
Please read the instruct	ions before comple	ting this fo	-m)	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.						
1. NAME OF LICENSEE (Person of firm propositi		scribed bolow)		2. TYPE OF REPORT						
STORK M	sc									
3, ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)				4. LICENSEE CONTACT AND TITLE						
4102 BISHOP LANE				JIM SCHAEFER RSO						
LOUISVILLE, Ky 40218				5. TELEPHONE NUMBER (Include Area Code) 502 - 968-5000 502 - 969-5000						
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20										
WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/IRRADIATOR SERVICE										
PORTABLE GAUGES OTHER (Specify)										
RADIOGRAPHY => REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)										
8: CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE 9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number of other location. Give as complete an address or directions as possible.)										
PSI (CINERGY)										
CAYUGA GONERATING STATION SAME										
CAYUGA, IN 10. CLIENT TELEP				HONE NUMBER 11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)						
		13. NUMBE		14.	15.			LOCATION		
12. DATES SCHEDUL	LED	WORK DA		ADD	DELET	E	REFE	RENCE NUMBER		
	-17-01	8		ĺ						
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.								16 ABOVE.		
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