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| 05/01/01 | 5:43 FAX 50 | 2 266 7577 | HAYE | S TESTIN | īG | → NRC | | Ø 001 | |
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| NON-AG FEDERA | U.S. NUCLEAR REGU ROPOSED ACTI TATES, AREAS TION, OR OFFSI uctions before comple | APPROVED request: 15 schedule ins accordance safety. Sen Managemen Washington and to the C NEOB-1021 Washington collection di NRC may n respond 09,10 | APPROVED BY CMB: NO. 3160-0013 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-5 ES), U.S. Nuclear Regulatory Commission, Washington, DC 20555-001. or by Internet e-mail to bist Gintc.gov, and to the Desk Officer, Office of Monagement and Budget, 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. | | | | | | |
| 1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) HAYES TESTING LABORATORY, INC. | | | | | | 2. TYPE OF REPORT | | | |
| 3. ADDRESS OF (ICENSEE (Meiling address or other location where licensee may be located) 2521 HOLLOWAY ROAD LOUISVILLE, KY 40299 | | | | | | 4. LICENSEE CONTACT AND TITLE DANIEL J. HAYES, SR., PRESIDENT 5. TELEPHONE NUMBER (Include Area Code) 502/266-9729 502/266-7577 | | | |
| 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) > PREVIDENT AS USED OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) | | | | | | | | | |
| XX RADIOGRAPHY * & CLIENT NAME ADDRESS, CITY/COUNTY, STATE ZP CODE STERLING BOILER & MECHANICAL, INC 5416 BOONVILEL HIGHWAY EVANSVILLE, IN 47715 | | | | | | | | | |
| | 10. CLEMT TELEP (Include Area C 812/4 | | | | | ACONE NUMBER 11. WORKLOCATION TELEPHONE NUMBER (Include Area Code) 474-4393 UNKNOWN | | | |
| FROM 5-2-20 | 12. DATES SCHE 10 01 | 5-9-2001 | | HBER OF (DAYS | 14. ADD | 15. _DELE | | 16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC OOOII9 | |
| LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE. 17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of redioactive material, sected sources, or devices to be used.) IR-192 MAX. CURIES 100 | | | | | | | | | |
| 18. AGREEMENTS ACTIVITIES WE ABOVE (Four | 18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9. ABOVE. (Four copies of the specific license must accompany the Initial NRC Form 241.) | | | | | | STATE KY | EXPIRATION DATE 7-31-01 | |
| 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 J 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 J 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. CERTIFINIS OFFICER-RSO or Management Representative (Name and Tob) DAN IBL J. HAYES, SR., PRESIDENT // | | | | | | | | | |
| WARNING: False statements in this certificate may be subject to civil and/or cominal paralities. 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 in the submission of the libited states as to any matter within it invisit in the submission of the libited states as to any matter within it invisit in the submission of the libited states as to any matter within it invisit in the submission of the libited states as to any matter within it is unsubmission. | | | | | | | | | |
| FOR NRC USE ONLY NRC FORM 241 (7-1 | Janice H. I REV Licensing | Kirby | ANGCE | | - Kul | | 01 | TOTAL USAGE - DAYS TO DATE | |
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