



**GEM Engineering, Inc.**  
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Louisville, Kentucky 40299

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### TRANSMIT TO:

Attention:	Regional Administrator
Agency:	Division of Nuclear Material Safety Attn: Reciprocity Request U.S. N.R.C., Region II Sam Nunn Atlanta Federal Center
Street Address:	61 Forsyth Street SW, Suite 23T85
City, State, ZIP	Atlanta, GA 30303-8931

### VIA:

US Mail	
Overnight	X
Fax	
Delivery	

### FROM:

Michael Ronayne
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### ATTACHMENTS:

No. of Copies	Description
4	Report of Proposed Activities
1	Check for Application Fee

### COMMENTS:

Please review and let me know if there is anything else we need to provide.

NRC FORM 241 (7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013
Estimated burden per response to comply with this reporting collection is 30 minutes. This information is required as part of the NRC's ongoing effort to reduce the burden on the public and to ensure that the information is collected in a manner that is consistent with the requirements for protection of the public health and safety. Send comments regarding this burden estimate to the Records Management Branch (T-800), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to brs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NE08-10202, (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 NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS

(Please read the instructions before completing this form)

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) GEM ENGINEERING, INC.
2. TYPE OF REPORT [ ] INITIAL [X] REVISION [ ] CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 2219 PLANTSIDE DRIVE LOUISVILLE, KENTUCKY 40299
4. LICENSEE CONTACT AND TITLE MICHAEL C. RONAYNE, VP RADIATION SAFETY OFFICER
5. TELEPHONE NUMBER (Include Area Code) (502) 493-7100
6. FACSIMILE NUMBER (Include Area Code) (502) 493-8190

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20
[ ] WELL LOGGING [ ] LEAK TESTING AND/OR CALIBRATIONS [ ] TELETHERAPY/RADIATOR SERVICE
[X] PORTABLE GAUGES [ ] OTHER (Specify) =>
[ ] RADIOGRAPHY => REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE CR INVESTORS 3014 CHARLESTOWN CROSSING NEW ALBANY, INDIANA 47150 ATTN: SCOTT BABCOCK
9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) NORTHEAST QUADRANT OF I-265 AND CHARLESTOWN ROAD INTERSECTION IN FLOYD COUNTY, INDIANA
10. CLIENT TELEPHONE NUMBER (Include Area Code) (812) 945-0288
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 502-836-5962

Table with 5 columns: 12. DATES SCHEDULED (FROM 5-23-01 TO 12-31-01), 13. NUMBER OF WORK DAYS (180), 14. ADD, 15. DELETE, 16. LOCATION REFERENCE NUMBER (NUMBER TO BE ASSIGNED BY NRC)

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 radioactive material, sealed sources, or devices to be used.) MOISTURE/DENSITY GAUGES CONTAINING NO MORE THAN 10mCi Cs-137 AND 50mCi Am-241: BE PER SINGLE SOURCE

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 final NRC Form 241.) LICENSE NUMBER 201-642-51 STATE KY EXPIRATION DATE APRIL 30, 2002

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 I 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 I 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.

CERTIFYING OFFICER - RSO or Management Representative (Name and Title) Michael C. Ronayne, RSO SIGNATURE [Signature] DATE 5-23-01

WARNING: False statements in this certificate may be subject to civil and/or criminal penalties. 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 to any department or agency of the United States as to any matter within its jurisdiction.

FOR NRC USE ONLY REVIEWING OFFICIAL (Typed/Printed Name and Title) SIGNATURE DATE TOTAL USAGE - DAYS TO DATE

USNRC Region II - Atlanta GA FAX (404) 562-4955 VERIFY (404) 562-4723