NRC FORM 241 (7 1999)

NRC FORM 241 (7-1999)	U.S. NUCLEAR REGULATORY COMMISSION					APPROVED BY OMB: NO. 3150-0013 Expires: 07/31/2002 Estimated burden per response to comply with this mendatory 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-6 E6). U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to biat Binto.gov, 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.				
RE	REPORT OF PROPOSED ACTIVITIES IN					accordance with requirements for protection of the public health and safety. Send comments regarding burden estimate to the Records Management Branch (T-8 E6). U.S. Nuclear Regulatory Commission				
NON-AGE	REEMENT STATES, AREAS OF EXCLUSIVE					Washington, DC 20555-0001, or by internet e-mail to bis1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs.				
	L JURISDICTION, OR OFFSHORE WATERS					NECB-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information				
	pase read the instructions before completing this form)					collection does not display a currently valid OMS control number, the NRC may not conduct or sponsor, and a person is not required to respond to the information collection.				
	CENSEE (Person or firm proposing to conduct the activities described below)					2. TYPE OF REPORT				
	. McBryde, Inc.					INITIAL REVISION X CLARIFICATION				
3. ADDRESS OF LIC	5 OF LICENSEE (Making address or other location where licensee may be located)					4. LICENSEE CONTACT AND TITLE				
	st Market Street P.O. Box 670					James E. Buchanan, RSO				
Suite #1	16 Colfax, NC ro, NC 27409 27235-0675					5. TELEPHONE NUMBER 6. FACSIMILE NUMBER (Include Area Code)				
Greensoc	to, ac z	7403				(Include Area C 336/664-			336/664-6913	
	7.0	CTIVITIES TO BE CON	DUCTED UNDE	R THE GE	VERA					
<u> </u>	7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150,20									
MELL	L OGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/IRRADIATOR SERVICE									
PORTA	BLE GAUGES	S OTHER (S	pecify) ⇒							
XX RADIO	REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)									
B. CLIENT NAME, A	DORESS, CITY/CO	DUNTY, STATE, ZIP CODE		9. ACTUAL P	HYSIC	AL ADDRESS OF V	VORK LOCATIO	ON Nete an art	dress or directions as possible.)	
Carolina	Steel C	orporation		(\$treet and	I NUMB	AL ADDRESS OF WORK COURTIES. Ber or other location. Give as complete an eddress or directions as possible.)				
Abingdor	Bridge	Plant		Samo	e as	s client address				
Washing	ton County Industrial Park									
		Park Road								
Bristol						### PHONE NUMBER 11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 540/669-6649				
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