

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES

(Please read the instructions on the cover sheet before completing this form.)

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION 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. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (7-4 PDR, U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20545-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3160-0013), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)
OCEAN STATE TECHNICAL SERVICES

4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
**55 CHAPMAN ST
 PROVIDENCE, RI 02905**

2. TYPE OF REPORT
 INITIAL
 REVISION
 CLARIFICATION

3. CONTROL NUMBER (Leave Blank - Number to be assigned by NRC)

5. LICENSEE CONTACT
GARY BALESTRACCI

6. TELEPHONE NUMBER (Include Area Code)
401-467-8662

7. FACSIMILE NUMBER (Include Area Code)
401-467-8662

8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

WELL LOGGING	LEAK TESTING AND/OR CALIBRATIONS	TELE THERAPY/RADIATOR SERVICE
PORTABLE GAUGES	OTHER (Specify)	
<input checked="" type="checkbox"/> RADIOGRAPHY →	TRANSPORTATION QA PROGRAM APPROVAL NO. & REV. NO. 0825. ASU 0	REGISTERED AS USER OF PACKAGINGS (CERTIFICATES OF COMPLIANCE NOS.) 9033

9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
**NRG MIDDLETOWN POWER STATION
 PO BOX 1001
 MIDDLETOWN, CT, 06457**

10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible.)
**SAME AS BOX 9
 POWER PLANT IS ON RIVER
 BEHIND STATE HOSPITAL COMPLEX**

11. CLIENT TELEPHONE NUMBER (Include Area Code)
860-638-3024

12. WORK LOCATION CONTACT PERSON AND PHONE NUMBER
JOE SORVILLO

13. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
860-638-3024

14. DATES SCHEDULED

FROM 11/1/01	TO 11/4/01
------------------------	----------------------

15. NUMBER OF WORK DAYS
4

16. LOCATION REFERENCE NUMBER
000646

LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS - NUMBER TO BE ASSIGNED BY NRC

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.

17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED IN NON-AGREEMENT STATES. (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)
1A-192 SEALED SOURCE AMERSHAM MODEL 66077 CURIES #52

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 8. ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)

LICENSE NUMBER 3D-117-01	STATE RHODE ISLAND	EXPIRATION DATE 30 SEPT 2000	TOTAL USAGE DAYS TO DATE 19
------------------------------------	------------------------------	--	---------------------------------------

18. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

10. I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- All information in this report is true and complete.
- I have read and understand the provision of the general license 10 CFR 150.20 reprinted on the cover sheet of this form set; and I understand that I am required to comply with those 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.
- 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.
- 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. I am also aware that I will be responsible for any fees associated with such inspections.
- 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.

SIGNATURE - CERTIFYING OFFICER (Person Management Responsibility) <i>[Signature]</i>	TYPED/PRINTED NAME JOHN A. STRINGER	TITLE DIRECTOR	DATE 10/29/01
---	---	--------------------------	-------------------------

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

[Signature] 10/30/01 TOTAL P. 02