NRC FORM 241 7-1999)	U.S. NUCLEAR REGUL	ATORY CO	OMMISSION	APPROVED BY Estimated burde request; 15 min	OMB: NO.315 in per response nutes. This no fine activities activit	io-0013 to com lification lica to	EXPIRES: 07/31/2002 ply with this mandatory collection on is required so that NRC may ensure that they are conducted in				
REPORT OF NON-AGREEMENT	LUSIVE	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 Eb). U.S. Nuclear Regulatory Commission, Washington, DC 20535-0001, or by internet e-mail to bis 1@mc.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 CMID confort number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.									
FEDERAL JURISDICTION, OR OFFSHORE WATERS (Please read the instructions before completing this form)				collection does not display a currently raid OMD 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 (Purson or firm proposing to conduct the activities described below) HAYES TESTING LABORATORY, INC.			2. TYPE OF REPORT INITIAL REVISION X CLARIFICATION								
·				4 LICENSEE CONTACT AND TITLE							
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 2521 HOLLOWAY ROAD LOUISVILLE, KY 40299			•	DANIEL J. HAYES, SR., PRESIDENT							
-DOOTSATURN VT 40533				5. TELEPHONE NUMBER (Include Area Code) 6. PACSIMILE NUMBER (Include Area Code) 502/266-7577							
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERA											
WELL LOGGING	LEAK TESTING						DIATOR SERVICE				
PORTABLE GAUGE	_	•									
XX RADIOGRAPHY	REGISTERED AS USER OF										
B, CLIENT NAME, ADDRESS, CITY/CO	OLINTY, STATE, ZIP CODE	1	Steel and N	SICAL ADDRESS OF Y	CAL ADDRESS OF WORK LOCATION niber or other location. Give as complete en address or directions as possible.)						
MARINE BUILD			BLUEGRASS STEEL BUILDINGS								
208 W. CHRUC			3161 DEVELOPMENT WAY SELLERSBURG, IN 7								
UTICA, IN 4	7130	- 1	35655	RDBURG, .	LN , j						
		ŀ	10. CLIENT TEL	EPHONE NUMBER Code)	11. WO	UK LOC/	ATION TELEPHONE NUMBER				
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