NRC FORM 24 (7-1990)	U.S. NUCLEAR REGU	HATORY COMMISSION	APPROVED BY Estimated burd	Y OMB: NO. 3150-00 len per response to c inutes. This notifica	TS EXPIRES: 07/31/2002 omply with this mandatory collection ation is regulred so that NRC may to ensure that they are conducted in	
		VITIES IN	schedule inspe accordance Wi	ction of the activities th requirements for	to ensure that they are conducted in protection of the public health and	
	EPORT OF PROPOSED ACTIVITIES IN			:omments regarding Branch (1-8 E6), U.S XC 20555-0001, or I	, Nuclear Regulatory Commission, w Internet e-mail to bis1@nrc.gov.	
•	I-AGREEMENT STATES, AREAS OF EXCLUSIVE ERAL JURISDICTION, OR OFFSHORE WATERS			sk Officer, Office of (3150-0013), Offi	nformation and Regulatory Affairs, ce of Management and Budget,	
	(Please read the instructions before completing this form)			accordance with requirements for protection of the public nearth and safety. Send comments regarding burden estimate to the Records Management Branch (T-8 E8), U.S. Nuclear Regulatory Commission, Washington, DC 2055-0001, or by Internet e-mail to bist@nrc.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 CMB control number, the NRC may not conduct or sponsor, and a person is not required to		
* ***	. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)			respond to, the information collection.  2. TYPE OF REPORT		
Ele	letta Instrumento, Inc.			INITIAL REVISION CLARIFICATION		
	CENSEE (Mailing address or other location where licenses	4. LICENSEE CO	INTACT AND TITLE			
315	5 Northwoods	Farkway	martin	· Krotts.	Service Manager	
Noco	rdross, GA 30071		5. TELEPHONE NUMBER (Include Area Code)		6. FACSIMILE NUMBER (Include Area Code)	
10.0	, , ,	•	770-300	' _	770-W/1 6338	
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20						
WELL	LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/IRRADIATOR SERVICE					
PORT	ORTABLE GAUGES TOTHER (Specify) => Le KSell Gamma Krife Prevendatre					
RADIO	RADIOGRAPHY >> REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)					
8. CLIENT NAME. A	DDRESS, CITY/COUNTY, STATE, ZIP CODE	B ACTUAL PHYSI	CAL ADORESS OF	WORK LOCATION		
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ļ		(Include Area	PHONE NUMBER Code) L90 - 3//	(Include Ar	CATION TELEPHONE NUMBER -290-3843	
	12, DATES SCHEDULED	13. NUMBER OF WORK DAYS	14, ADD	15. DELETE	18, LOCATION REFERENCE NUMBER	
FROM	то _	4			NUMBER TO BE ASSIGNED BY NRC	
FROM 7-23		1			ASSIGNED BY NRC	
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