NRC FORM 241	U.S. NUCLEAR REGU	LATORY COMMI	SSION	APPROVED BY	OMB: NO, 3	150-001	3 EXPIR	ES: 07/81/2002	
(7-1090)				Estimaled burder request: 15 mini schedule inspecti	n per respon ules. This i ion of the sc	se to con notificati livities to	nply with this meno on is regulted so onsure that they s	dutory collection that NRC may up conducted in	
REPORT OF PROPOSED ACTIVITIES IN				accordance with safety. Sand co- Management Bra	requiremen mmenta reg Inch (T-5 Ei	ils for pr jarding ! 6. U.S.	otection of the publication sale in Nuclear Regulator	iblic health and to the Records ry Commission.	
NON-AGREEMENT STATES, AREAS OF EXCLUSIVE				Weshington, DC and to the Desk	20555-000 Officer, Off	1, or by	Internet e-mail to formation and Re-	bis i@nrc.gov pulatory Affairs	
FEDERAL JURISI	Washington, DC collection does r	20503.	a mear	is used to impose ly valid OMB cont	an information				
(Please read the Instructions before completing this form)				APPROVED BY OMB: NO. 3160-0013 Estimated burden per response to comply with this mandatory 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 pretection of the public health and safety. Sand comments regarding burden estimate to the Records Managemant Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 2055-0001, or by internet e-mail to bis ignire, 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.					
1. NAME OF LICENSEE (Therson or firm proposing to conduct the activities described below)				2. TYPE OF REPORT OF CLARIFICATION					
3. ADDRESS OF LICENSEE (Mulling address or other location where licensee may be located)				4. LICENSEE CONTACT AND TITLE					
72 East Hill	Robert O'Neal - RSO								
Mt. Juliet. TN 37122				S. TELEPHONE NUMBER (Include Area Code) 6. FACSIMILE NUMBER (Include Area Code)					
		615-754-4147			615.752-6339				
7.	ACTIVITIES TO BE CONDUCT	ED UNDER THE	ENER	L LICENSE GIV	/EN IN 10 (
WELL LOGGING	LEAK TESTING	AND/OR CALIBRA	TIONS	TEL	ETHERAP	Y/IRRAI	DIATOR SERVI	CE	
PORTABLE GAUGE	S OTHER (Specify	» <u> </u>					 -		
X RADIOGRAPHY	REGISTERED AS USER OF	PACKAGINO (CERTIFI	CATES OF	COMPLIANCE NUM	IBERS)				
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE 9, ACTUAL PHYSICA (Street and Numb					CAL ADDRESS OF WORK LOCATION ber or other location. Give as complete an address or directions as possible.)				
Virginia Gas Virginia									
				lmer Ave.	1				
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Saltsville, VA 24370 10. CLIENT TELEFORM MICHIGAN TELEFORM SOLUTION TO SOLUTION TO SOLUTION TO SOLUTION TELEFORM MICHIGAN TELEFORM MICHIGAN TO SOLUTION TO SOLUTIO				PHONE NUMBER 11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)					
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FROM	ΤÖ	1					NUMBER TO BE ASSIGNED BY NEC	; - ~	
October 15, 2001	,	17					ASSIGNED BY NEC	00	
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