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NRC FORM 241 U.S. NUCLEAR REGULATORY COMMISSION (7-1999)	APPROVED	BY OMB: NO. 315	0-0013 EXPIRES: 07/31/20		
		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 conducted in schedule inspection of the activities to ensure that they are conducted in the schedule inspection of the activities to ensure that they are conducted in the schedule inspection of the activities to ensure that they are conducted in the schedule inspection of the activities to ensure that they are conducted in the schedule inspection of the activities to ensure that they are conducted in the schedule inspection of the activities to ensure that they are conducted in the schedule inspection of the schedule inspectin of the schedule inspec			
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NON-AGREEMENT STATES, AREAS OF EXCLUSIVE		Branch (T-6 E6), DC 20555-0001	U.S. Nuclear Regulatory Commission		
FEDERAL JURISDICTION, OR OFFSHORE WATERS		Desk Officer, Office	of information and Regulatory Affair:		
	Washington collection do	DC 20503. If a	means used to impose an informatio		
(Please read the instructions before completing this form)	NRC may n respond to, f	of conduct or spon he information collec	sor, and a person is not required t		
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)	T		OF REPORT		
MICK KADIO NUCLEAR INSTR. INC					
3 ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)		CONTACT AND TITLE			
SZI HOMGSTIGAD ADR MOUNT VERNON, N/ 10550		FELIX W. MICK, PROS. KENZASSROUSKI, G.H.			
					5. TELEPHONE NUMBER 8. FACSIMILE NUMBER (Include Area Code) (Include Area Code)
			914 66	7-3999	914-665-8834
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERA	AL LICENSE	GIVEN IN 10 CFR	150.20		
WELL LOGGING	Пт	ELETHERAPY/IR	RADIATOR SERVICE		
	DURCO	J GXC	HANGE-		
RADIOGRAPHY	COMPLIANCE N	UMBERS)			
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE					
A CLUAU PRYSIC	AL ADDRESS OF	WORK LOCATION	address or directions as passible)		
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10. CLIENT TELEPH					
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