REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS (Please read the instructions before completing this form) 1. NAME OF LICENSEE (Person or firm proposing to conduct the ectivities described below) LAW ENGINEERING & ENVIRONMENTAL SERVICES			Estimated burder request: 15 min schedule inspect accordance with safety. Send co Management Br Washington, DC and to the Desk NEOB-10202, Washington, DC collection does NRC may not crespond to, the in	APPROVED BY OMB: NO. 3150-0013 Extinated 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 protection of the public health and safety. Send comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bis1@nc.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. 2. TYPE OF REPORT X INITIAL REVISION CLARIFICATION			
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 7347-E WEST FRIENDLY AVNUE GREENSBORO, NORTH CAROLINA 27410			MARK A.	4. LICENSEE CONTACT AND TITLE MARK A. BOGER, RSO 5. TELEPHONE NUMBER (Include Area Code) 6. FACSIMILE NUMBER (Include Area Code)			
			(336) 29	4-4221	(3	336) 294-4227	
PORTABLE GAUGES OTHER (Sp	ING AND/OR (CALIBRATION		LETHERAPY		DIATOR SERVICE	
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE CONNEX PIPE SYSTEMS, INC. ONE CONNEX WAY TROUTVILLE, VA 24175 CONTACT: Ralph Nodes		SAME SEE ADD LOCATIO	ALPHYSICAL ADDRESS OF WORK LOCATION It and Number or other location. Give as complete an address or directions as possible.) ADDITIONAL LISTING OF POSSIBLE WORK TIONS, ATTACHED				
SEE ADDITIONAL LISTING OF POSSIBLE WORD		1	LEPHONE NUMBER				
LOCATIONS ATTACHED.		<u>[(54</u> 0) 9	166-2044 <u> </u>	SAI	ME		
LOCATIONS ATTACHED. 12. DATES SCHEDULED		(540) 9 MBER OF K DAYS	14. ADD	SAI 15. DELETE		16. LOCATION REFERENCE NUMBER	
12. DATES SCHEDULED FROM 01/02/02 12/31/02	APPROX DAYS P	MBER OF K DAYS 1-2 PER MONTH	14. ADD	15. DELETE	E	REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC	
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