NRC FORM 241 (7-1999)	U.S. NUCLEAR REGU	LATORY COMMISSION	APPROVED B Estimated burg request: 15 m	Y OMB: NO, 3150-001 len per response to co inutes. This notificat	SEXPIRES: 07/31/2002 mply with this mandatory collection iton is required so that NRC may	
REPORT OF PROPOSED ACTIVITIES IN				APPROVED BY OMB: NO. 3150-0013 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 protection of the public health and safety. Send comments regarding burden estimate to the Records Management Branch (T-6 E5), U.S. Nuclear Regulatory Commission, Washington, DC 2055-0001, or by internet e-mail to bis1@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 OMB control number, the NRC may not conduct or sponsor, and a person is not required to		
NON-AGREEMENT STATES, AREAS OF EXCLUSIVE				C 20555-0001, or by sk Officer, Office of In	internet e-mail to bis1@nro.gov. formation and Regulatory Affairs,	
FEDERAL JURISDICTION, OR OFFSHORE WATERS			Washington, E	C 20503. If a mea not display a current	e or management und budget, ne used to impose an information tly valid OMB control number, the	
(Please read the instructions before completing this form)			respond to, the information collection.			
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) Electronstruments, Inc.			2. TYPE OF REPORT INITIAL REVISION CLARIFICATION			
3. ADDRESS OF LICENSEE (Melling address or other location where licensee may be located) 3155 Northwoods Parkway NW			14. LICENSEE CONTACT AND TITLE MAY THO KNOTTS. RADIOLEN SALCTO			
Morcross 40. 30071			5. TELEPHONE NUMBER (Include Area Code) 770.300.9725 770.449.4338			
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20						
WELL LOGGING	LEAK TESTING	AND/OR CALIBRATIONS	; <u> </u>	LETHERAPY/IRRA	DIATOR SERVICE	
PORTABLE GAUGES	OTHER (Specify	» » Kelandina	of Leks	el Cyamma V	nite	
RADIOGRAPHY	REGISTERED AS USER OF	PACKAGING (CERTIFICATE)	F COMPLIANCE NU	MBERS)		
8. CLIENT NAME, ADDRESS, CITY/COUN	NTY, STATE, ZIP CODE	9. ACTUAL PHYSI	CAL ADORESS OF	WORK LOCATION	dress or directions as possible.)	
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