	U.S. NUCLE	AR REGULA	ATORY COMMISSI	ON Estimated but request: 15 i	BY OMB: NO.: rden per respor minutes. This	3150-001 188 to 00 notifica	The EXPIRES: 07/3 mply with this mandatory collition is required so that NR o ensure that they are condustrated in the second of the public healt burden estimate to the Re Nuclear Regulatory Commy Internet e-mail to bis 12m; formation and Regulatory A e of Management and Burs uted to impose an infortity valid OMB control number and a person is not requi	i <i>rzuuz</i> Iection C may			
REPO	ORT OF PROPOSED	ACTIV	ITIES IN	sonedule inst accordance v safety. Send	comments re with requirement section of the sc	nts for p garding	o ensure that they are condu- protection of the public healt burden estimate to the Re	oted in th and cords			
NON-AGREEMENT STATES, AREAS OF EXCLUSIVE					Branch (T-5 & DC 20555-00 esk Officer, Off	6) U.S. 01, or b flosofir	Nuclear Regulatory Commi y Internet e-mail to bis1@nr A formation and Regulatory	ission, C.gov, Visirs.			
FEDERAL JURISDICTION, OR OFFSHORE WATERS					2, (3150-0013 DC 20503. es not display :	), Offic If a mea	e of Management and Buns used to impose an information of the control number of the cont	idget, netion			
					t conduct or a e information o	ponsor, ollection.	and a person is not requi	red to			
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)  Elekta Instrumentshe				INIT	2. TYPE OF REPORT  INITIAL REVISION CLARIFICATION						
3. ADDRESS OF LICENSEE (Melling address or other location where licensee may be located) 3155 Northwoods Par Kurby NW					Martin Knotts Radiation Safety CAS						
Norcross 4a 30071				5. TELEPHONE (Include Area	5. TELEPHONE NUMBER (Include Area Code)  730 - 300 - 9725  6. FACSMAILE NUMBER (Include Area Code)  770 - 449 - (4338)			3			
	7. ACTIVITIES TO BE C	ONDUCTED	UNDER THE GEN	ERAL LICENSE	GIVEN IN 10	CFR 15	0.20				
WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/IRRADIATOR SERVICE											
PORTABLE GAUGES OTHER (Specify) => NStallation											
RADIOGRAPHY  REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)											
8. CLIENT NAME, ADDRE	ESS, CITY/COUNTY, STATE, ZIP CODE	an But	9. ACTUAL PHI (Street and I	(SICAL ADDRESS OF Number or other location	WORK LOCATION. Give as complete.	N lete an ad	dress of directions as possible.)				
Sioux Valley Hospital Medical Couldry South Euclid avenue					iame of our						
				000	1	, Mrs					
Siruk Hull	6,SD 57105		10. CLIENT TE	LEPHONE NUMBER	I 11. WG	ORK LOCA	ATION TELEPHONE NUMBER				
			(Include An	N DUN		lude Area					
12	2. DATES SCHEDIOLED	1	3. NUMBER OF WORK DAYS	14. ADD	15. DELET	E	16. LOCATION REFERENCE NUMBER				
FROM	Had	/  -	tlad				NUMBER TO BE ASSIGNED BY NRC 000 /4/				
Tu	1(1000)		LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE. 7. LIST RADIOACTIVE MATERIAL, WHICHWILL BE BOSSESSED, USED, INSTALLED, SERVICED, OR TESTED								
					ION CONTAI	IAED IIA	ILEMS 9-10 MBOAE				
7. LIST RADIOACTIVE M		D. USED, INST	ALLED, SERVICED, OR 1	ESTED	ION CONTAI	NED III	TIEMS 8-16 ABOVE.				
17. LIST RADIOACTIVE N Brickide description o	ATERIAL, WHICHWILL BE POSSESSES If type and quantity of radioactive mater	ED, USED, INST	ALLED, SERVICED, OR 1 ces, or devices to be use	ESTED							
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