ARC FORM 241 U.S. NUCLEAR REGULATORY COMMISSIO	ON APPROVED BY OME: NO. 3160-C Estimated burden per response to request: 15 minutes. This notific schedule inspection of the activities	013 EXPIRES: 07/31/20 comply with this mandetary collectic ation is required so that NRC m
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIV	safety. Send comments require	protection of the public health as d burden estimate to the Record
FEDERAL JURISDICTION, OR OFFSHORE WATER	NEOB-10202, (3150-0013), On	Information and Regulatory Affair Ice of Management and Budge sens used to impose an Informatic mby valid OMB control number, it
(Please read the instructions before completing this form)	collection does not display a curn NRC may not conduct or sponso respond to, the information collection	r, and a person is not required in.
1. NAME OF LICENSEE (Person or Arm proposing to conduct the ectivities described below)  Krueger-Gilbert Health Physics, Inc		F REPORT
3. ADDRESS OF LICENSEE (Mailing eddress or other location where licensee may be located)	4. LICENSEE CONTACT AND TITLE	Health
3601 E Towns Bood	Malek Daneshvar	Physicist
3601 E. Joppa Road Baltimëre, Maryland 21234		
buttamore, maryauma 21234	6. TELEPHONE NUMBER (Include Area Code)	8. FACSIMILE NUMBER (Include Area Code)
	410-665-5447	410-665-2074
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150,20		
WELL LOGGING X LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/IRRADIATOR SERVICE		
PORTABLE GAUGES OTHER (Specify)		
RADIOGRAPHY REGISTERED AS USER OF PACKAGING (CERTIFICATES	5 OF COMPLIANCE NUMBERS)	
8 CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE 9 ACTUAL PHY (Street and N	/SICAL ADDRESS OF WORK LOCATION Number or other location. Give as complete an a	iddress or directions as possible.)
Delaware Diagnostic Service, Inc.	ο α #0	
Community imaging Center	e as #8	
1941 Limestone Road, Suite 214	·	
Wilmington, Delaware 19808	LEPHONE NUMBER 11. WORK LO	CATION TELEPHONE NUMBER
(Include Are 302-89	A 4444	•
	2-0200 302-	892-6200
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