

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 07/31/2002  
 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-8 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@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 respond to, the information collection.

# 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 activities described below) <b>Western Kentucky University</b>		2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION	
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) <b>1 Big Red Way Bowling Green, KY 42101</b>		4. LICENSEE CONTACT AND TITLE <b>Jonathan Paschal, Computer Engineer</b>	
		5. TELEPHONE NUMBER (Include Area Code) <b>270-781-3859</b>	6. FACSIMILE NUMBER (Include Area Code) <b>270-781-1104</b>

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

WELL LOGGING     LEAK TESTING AND/OR CALIBRATIONS     TELETHERAPY/IRRADIATOR SERVICE

PORTABLE GAUGES     OTHER (Specify) ⇒ Conduct tests of illicit drugs

RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE <b>John Ligon Bldg. 54322 Arizona Street Ft. Huachuca, AZ 85613</b>		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) <b>Thunder Mountain Evaluation Center Ft. Huachuca, AZ 85613</b>	
		10. CLIENT TELEPHONE NUMBER (Include Area Code) <b>520-538-2382</b>	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <b>520-459-2997</b>

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				
<b>Jan. 13, 2002</b>	<b>Jan. 19, 2002</b>	<b>5</b>			<b>200504</b>

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-18 ABOVE.

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)

**No more than 3.0 curies of tritium (H-3) contained in a sealed tube neutron generator manufactured by MF Physics Model 325 PH, within PELAN device.**

18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)	LICENSE NUMBER <b>203-017-83</b>	STATE <b>KY</b>	EXPIRATION DATE <b>July 31, 2002</b>
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19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- a. All information in this report is true and complete.
- b. I have read and understand the provision of the general license 10 CFR 150.20 reprinted on the instructions of this form; and I understand that I am required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use in non-Agreement States or offshore waters under the general license for which this report is filed with the U.S. Nuclear Regulatory Commission.
- c. I understand that activities, including storage, conducted in non-Agreement States under general license 10 CFR 150.20 are limited to a total of 180 days in calendar year. With the exception of work conducted in off-shore waters, which is authorized for an unlimited period of time in the calendar year.
- d. I understand that I may be inspected by NRC at the above listed work site locations and at the Licensee home office address for activities performed in non-Agreement States or offshore waters.
- e. I understand that conduct of any activities not described above, including conduct of activities on dates or locations different from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.

CERTIFYING OFFICER - RSO or Management Representative (Name and Title) <b>Mary J. Reynolds, RSO</b>	SIGNATURE <i>Mary J. Reynolds</i>	DATE <b>Jan. 2, 2002</b>
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WARNING: False statements in this certificate may be subject to civil and/or criminal penalties. NRC regulations require that submissions to the NRC be complete and accurate in all material respects. 18 U.S.C. Section 1001 makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

FOR NRC USE ONLY	REVIEWING OFFICIAL (Typed/Printed Name and Title) <b>David J. Collins, Health Physicist</b>	SIGNATURE <i>David J. Collins</i>	DATE <b>2/4/2002</b>	TOTAL USAGE - DAYS TO DATE <b>5</b>
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Dept. of Environmental Health and Safety  
Western Kentucky University  
1 Big Red Way  
Bowling Green, KY 42101-3576

**Western Kentucky  
University**

# Fax

**To:** Mr. David Collins, NRC

**From:** Mary J. Reynolds, RSO *MJR*

**Fax:** 404-562-4955

**Pages:** 2, including cover

**Phone:** 404-562-4735

**Date:** 1/2/02

**Re:** Revision to NRC Form 241

**CC:**

Urgent     For Review     Please Comment     Please Reply     Please Recycle

● **Comments:**

Mr. Collins:

Following is a revision to the NRC Form 241. WKU personnel have informed me that Ft. Huachuca has delayed the test to the revised dates on the form. All other information is unchanged from the previously approved form.

Thank you,

Mary J. Reynolds, RSO

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