

NRC FORM 241 (7-1999) **U.S. NUCLEAR REGULATORY COMMISSION**

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS
(Please read the instructions before completing this form)

APPROVED BY OMB NO. 3145-0015 EXPIRES: 07/25/2002
Estimated burden per response to comply with this mandatory collection request: 15 minutes. This collection is required so that NRC may determine the need for a license to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Send comments regarding burden estimates to the Regulatory Information Branch (1-800-368-5898), U.S. Nuclear Regulatory Commission, Washington, DC 20540-0001, or by internet e-mail to oia@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NIOS-10202 (2122-0015), Office of Management and Budget, Washington, DC 20503. If a fee is used to provide an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor it, and a person is not required to respond to, the information collection.

1. NAME OF LICENSEE (person or firm proposing to conduct the activities described below)
HAYES TESTING LABORATORY, INC.

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
2521 HOLLOWAY ROAD
LOUISVILLE, KY 40299

4. LICENSEE CONTACT AND TITLE
DANIEL J. HAYES, SR., PRESIDENT

5. TELEPHONE NUMBER (Include Area Code)
502/266-9729

6. FACSIMILE NUMBER (Include Area Code)
502/266-7577

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

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

PORTABLE GAUGES OTHER (Specify) → _____

RADIOGRAPHY → REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
GLOBE MECHANICAL, INC.
20 W. 7TH ST.
NEW ALBANY, IN 47150

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give no street or address as possible.)
SAME

10. CLIENT TELEPHONE NUMBER (Include Area Code)
812-929-2001

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
SAME

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
3-16-2002	3-16-2002	1		<i>Cancelled</i>	000 499

17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 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.)
IRIDIUM-192 MAX. CURIES 100

18. AGREEMENT STATE OR FEDERAL LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME AS THOSE FOR LOCATION OF USE, AS SPECIFIED IN ITEM 8 ABOVE. (For a copy of the specific license, consult the initial NRC Form 241.)	LICENSE NUMBER	STATE	EXPIRATION DATE
	201-168-05	KY	7-31-02

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- All information in this report is true and complete.
- I have read and understand the provision of the general license 10 CFR 150.20 reprinted on the introduction 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.
- I understand that activities, including storage, conducted in non-Agreement States under general license 10 CFR 150.20 are limited to a total of 100 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.
- 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.
- I understand that conduct of any activities not described above, including conduct of activities on sites 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)
DANIEL J. HAYES, SR., PRESIDENT

SIGNATURE
[Signature]

DATE
3-15-2002

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	REVIEW	DATE	TOTAL USAGE - DAYS TO DATE
	Janice H. Kirby Licensing Assistant	<i>[Signature]</i>	3/15/02

NRC FORM 241 (7-1999) **PRINTED ON RECYCLED PAPER**



HAYES TESTING LABORATORY, INC.
Phone 502-266-9729
2521 Holloway Rd.
Louisville, Kentucky 40299

Urgent!

FACSIMILE COVER SHEET

TO: Janice or David DATE: 3-15-02

LOCATION: NRC

FROM: HAYES TESTING LABORATORY, INC. Kathy
LOUISVILLE, KY

PHONE: 502/266-9729
FAX: 502/266-7577

NO. OF PAGES: 2 INCLUDING COVER SHEET

PLEASE CONTACT US IF YOU DO NOT RECEIVE ALL PAGES OR THEY ARE NOT LEGIBLE.

MESSAGE: *Sorry do Cause so much
trouble but now they have
Cancelled this x-ray!*

*Thanks
Kathy*