

REGION II
Calendar Year 2002

TRANSMITTAL FOR NRC FORM 241 & REVISION SUBMITTALS

4/15/02

- [] INITIAL 241 PACKAGE LRN 000594, 595
[] REVISION LRN _____
[] CLARIFICATION LRN _____

LICENSEE NAME : Energy Technologies Inc. (ETI)
LICENSE STATE : TN NUMBER : R-42148-DO3
CHECK NO: 1216
CHECK AMOUNT: \$ 1400.00
FORWARDED BY: James Kirby

	Initial	Revision	Clarification
includes: Form 241	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
License Copy	<input checked="" type="checkbox"/>		

LICENSE FEE & ACCOUNT RECEIVABLE BRANCH

1. Fee Category and Amount: 16 \$1400
2. Correct Fee Paid. Submittal may be processed for:
General License
Revision _____

Signed Shirley Crutchfield Date 4/23/02

1/2002

G:\DNMS\MLIB2\reciprocity\0-FORM.FEE

Log	<u>Apr 2 244</u>
Remitter	
Check No.	<u>1216</u>
Amount	<u>\$1400</u>
Fee Category	<u>16</u>
Type of Fee	<u>App</u>
Date Check Rec'd	
Date Completed	<u>4/23/02</u>
By	<u>SC</u>

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)

1. NAME OF LICENSEE (Provide full name of licensee to conduct the activity described below)
Energy Technologies Inc.

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be reached)
8819 Joe Daniels Road
Knoxville, TN 37931

4. LICENSEE CONTACT AND TITLE
David K. Swindell

5. TELEPHONE NUMBER (Include Area Code)
(865) 927-9330

6. FACSIMILE NUMBER (Include Area Code)
(865) 927-8017

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) → Remove non-portable gauge Model DGA-300
 RADIOGRAPHY → REGISTERED AS USER OF RADIATORS (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY, COUNTY, STATE, ZIP CODE
Chicopee Coal Company
P.O. Box 3112
Charleston, WV 25331

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (City and Number or other location. Give no certificate or address if work is conducted elsewhere)
Chicopee Coal
Route 16
Lizemores, WV 25125

10. CLIENT TELEPHONE NUMBER (Include Area Code)
304 926 8729

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
304 632 1264

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
04/10/02	04/12/02	1			000594

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, RESTORED, SERVICED, OR TESTED (Include description, scope and quantity of radioactive material, serial number, or device to be tested)
Americium 241 (250 mCi) (Amersham AMG 26)
Cesium 137 (10 mCi) (Amersham CDG 805)

18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE INDIVIDUAL TO CONDUCT ACTIVITIES WHICH ARE THE SAME AS THAT FOR WHICH THIS FORM IS USED AS SPECIFIED IN THE ABOVE (Four copies of the specific license must accompany this NRC Form 241)
LICENSE NUMBER: R-47148-D03 TN STATE: TN EXPIRATION DATE: 4/30/2003

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 to 10 CFR 150.20 specified on the instructions of this form; and I understand that I am required to comply with these provisions as to all types, sources, 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 120 days in calendar year, with the exception of work conducted in off-shore waters, which is authorized for an unlimited number of days 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 - CEO or Management Representative (Name and Title)
David K. Swindell DATE: 4/4/02

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
NRC FORM 241 (7-1999)

Janice H. Kirby
Licensing Assistant
DATE: 4/4/02

TOTAL USNR - DAYS TO NRC
PRINTED ON RECYCLED PAPER

