| REPORT OF PROPOSED ACTIVITY NON-AGREEMENT STATES, AREAS   | request: 15 m<br>schedule inspe                 | tem per response to dinutes. This notification of the activities ith requirements for comments regardin 3ranch (T-6 E6), U.3 C 20555-0001, or sk Officer, Office of (3150-0013), Office 20503. If a me | comply with this mandatory collection action is required so that NRC may call on the the third is to ensure that they are conducted in protection of the public health and g burden estimate to the Records S. Nuclear Regulatory Commission, by internet e-mail to bis1@nrc.gov, Information and Regulatory Affairs, ice of Management and Budget eans used to impose an information entity valid OMB control number, the or, and a person is not required to on. |   |  |  |  |
|---|---|--|--|---|--|--|--|
| (Please read the instructions before comple   |   | collection doe<br>NRC may not  | s not display a curre<br>conduct or sponso   | ently valid OMB control number, the or, and a person is not required to |  |  |  |
| NAME OF LICENSEE (Person or firm proposing to conduct the activities des  | respond to, the                                 | 2. TYPE C  | OF REPORT  |   |  |  |  |
| Testwell Laboratories, Inc  |   |  | AL REVIS   | ION CLARIFICATION   |  |  |  |
| 3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)  |   |  | ONTACT AND TITLE   |   |  |  |  |
| 47 Hudson St Ossining, NY 10562   |   |  | Bruce Ballard, RSO   |   |  |  |  |
|   | 5. TELEPHONE finclude Area 732-63               | NUMBER<br><i>Code)</i><br>36-4500  | 6. FACSIMILE NUMBER (Include Area Code) 732-636-6344   |   |  |  |  |
| 7. ACTIVITIES TO BE CONDUCT   | ED UNDER THE GE                                 | NERAL LICENSE  | SIVEN IN 10 CFR 1  | 150.20  |  |  |  |
| WELL LOGGING LEAK TESTING   | AND/OR CALIBRAT                                 | IONS T   | ELETHERAPY/IRR   | RADIATOR SERVICE  |  |  |  |
| PORTABLE GAUGES OTHER (Specify  | ) ⇒   |  |  | 4444  |  |  |  |
| RADIOGRAPHY  REGISTERED AS USER OF  | PACKAGING (CERTIFICA                            | TES OF COMPLIANCE NU   | JMBERS)  |   |  |  |  |
| 8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE   | 9. ACTUAL F                                     | PHYSICAL ADDRESS OF  | WORK LOCATION<br>n. Give as complete an  | address or directions as possible.)                                     |  |  |  |
| Applied Development Corp  | River Stre                                      | •  | oken, NJ 07030   |   |  |  |  |
| 5 Marine View Plaza<br>Hoboken, NJ 07030  | ement & 1st                                     | t Floor -  | GarageParking  |   |  |  |  |
|   | (include  | TELEPHONE NUMBER<br>Area Code)<br>963-5200   | (Include A   | DCATION TELEPHONE NUMBER 789 Code)                                      |  |  |  |
| 12. DATES SCHEDULED   | 13, NUMBER OF<br>WORK DAYS                      | 14.<br>ADD   | 15.<br>DELETE  | 16. LOCATION<br>REFERENCE NUMBER  |  |  |  |
| FROM TO 8/08/02 8/09/02   | 2   |  | -  | NUMBER TO BE ASSIGNED BY NRC  |  |  |  |
| LIST ADDITIONAL WORK SITES ON SEPARATE SI   |   | DE ALL INFORMAT  | ION CONTAINED  | IN ITEMS 9-16 ABOVE   |  |  |  |
| 17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, IN<br>(Include description of type and quantity of radioactive material, sealed st  | ISTALLED, SERVICED, O                           | R TESTED   |  |   |  |  |  |
| Cobalt-60 85 curies Sealed Source SPEC 300 Device   |   |  |  |   |  |  |  |
| 18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UND ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, A  | ERSIGNED TO CONDUCT<br>S SPECIFIED IN ITEM 9.   | LICENSE NUMBE  |  |   |  |  |  |
| ABOVE. (Pour copies of the specific license must accompany the f  | nitial NRC Form 241.)<br>ON (MUST BE CON        | 2930-4   |  | 05/31/03  |  |  |  |
| 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 is required to comply with these provisions as to all byprodoffshore waters under the general license for which this is | icense 10 CFR 150.20<br>luct, source, or specia | reprinted on the inst  | ructions of this form  | n; and I understand that I am<br>se in non-Agreement States or          |  |  |  |
| <ul> <li>c. I understand that activities, including storage, conducted<br/>in calendar year. With the exception of work conducted in</li> </ul>   | i in non-Aareement St                           | ates under general lic   | ense 10 CFR 150 20   | o are limited to a total of 180 days of time in the calendar year.      |  |  |  |
| d. I understand that I may be inspected by NRC at the above<br>non-Agreement States or offshore waters.   | e listed work site local                        | tions and at the Licen   | see home office ad-  | dress for activities performed in                                       |  |  |  |
| e. I understand that conduct of any activities not described above or without NRC authorization, may subject me to e CERTIFYING OFFICER - RSO or Management Representative (Name and Title)   | inforcement action, in                          | duct of activities on coluding civil or crimin   | lates or locations di<br>nal penalties.  |   |  |  |  |
| Bruce Ballard, RSO  | SIGNATURE                                       | Ball   |  | DATE<br>08/06#02  |  |  |  |
| WARNING: False statements in this certificate may be sub<br>the NRC be complete and accurate in all material respects.<br>statement or representation to any department or agency o   | 18 U.S.C. Section 1                             | 1881 makes it a crir   | ninal affanca ta m   | naka a milifulla falas  |  |  |  |
| FOR NRC REVIEWING OFFICIAL (Typed/Printed Name and Title) USE ONLY John D. Kinneman   | SIGNATURE                                       | •  | SL WE  | TOTAL USAGE DAYS TO DATE  |  |  |  |
| NRC FORM 241 (7-1999)   | 8/6/02  |  | 7 7  | PRINTED ON RECYCLED PAPER   |  |  |  |

.

Corporate: 47 Hudson Street, Ossining, NY 10562-5905 Tel Phn: 914-762-9000 / Fax Phn: 914-762-9638

New Jersey Div: 6 Woodbridge Ave Woodbridge, NJ 07095 Tel Phn: 732-636-4500 / Fax Phn: 732-636-6344

## TESTWELL LABORATORIES, INC.

## **Fax**

| Co:    | US NRC    | Region 1       |         | From:    | Bruce Ballard                   | _ |
|--------|-----------|----------------|---------|----------|---------------------------------|---|
| To:    | Sheryl    | /illar         |         | Phn:     | 732-636-4500                    | _ |
| Fax:   | 610-337   | -5269          |         | Pages:   | 2, including cover page         | _ |
| Phone  | );        |                |         | Date:    | 8/6/02                          | _ |
| Re:    | Recipro   | city Notificat | tion    | CC:      |                                 | _ |
| □ As i | Requested | ☐ For Review   | ☑ For Y | our File | ☐ Please Reply ☐ Please Recycle |   |
|        |           |                | ··      |          |                                 |   |

## Comments:

The request is for two days starting Thursday 08/08/02 & finishing Friday 08/09/02.

The work shifts will actually start in the evening, after 5:00 pm.

If you cannot grant these dates, then please then change the request to start Friday 08/09/02 & finish Monday 08/12/02.

I will be in Binghamton, NY for the rest of the week. My cell phone number is 914-906-5895.

The contact person in the New Jersey office is Sue.

Thank You,

Bruce Ballard

Corrected Version