

**NRC FORM 241**  
 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. 3150-0013 EXPIRES 07/31/2002  
 Estimated burden per response to comply with this mandatory collection  
 request is 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 estimates to the Response  
 Management Branch (U.S. 257) U.S. Nuclear Regulatory Commission,  
 Washington, DC 20555-0001, or by internet e-mail to 181@nrc.gov,  
 and to the Desk Officer, Office of Information and Regulatory Affairs,  
 NESC08-10202, (3150-0013), Office of Management and Budget,  
 Washington, DC 20503. If a means exist 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.

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

4. LICENSE CONTACT AND TITLE  
**DANIEL J. HAYES, SR., PRESIDENT**

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

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

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

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 159.20  
 WELL LOGGING  LEAK TESTING AND/OR CALIBRATIONS  
 PORTABLE GAUGES  OTHER (Specify) →  
 RADIOGRAPHY →  
 REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

2. TYPE OF REPORT:  
 INITIAL  REVISION  CLARIFICATION

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE  
**JEFFBOAT INC.  
 P.O. BOX 610  
 JEFFERSONVILLE, IN 47130**

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or direction as possible.)  
**UTICA PIKE  
 JEFFERSONVILLE, IN 47130**

11. WORK LOCATION TELEPHONE NUMBER (Provide Area Code)  
**812/282-0504**

12. CLIENT TELEPHONE NUMBER (Provide Area Code)  
**812/288-0200**

13. NUMBER OF WORK DAYS  
**1**

14. ADD  DELETE

15. LOCATION REFERENCE NUMBER  
**000025**

12. DATES SCHEDULED  
 FROM **8-19-2002** TO **8-19-2002**

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, replicated 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 160 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.  
**DANIEL J. HAYES, SR., PRESIDENT**  
 SIGNATURE  
 SIGNATURE OF MANAGEMENT REPRESENTATIVE (Name and Title)  
**DANIEL J. HAYES, SR., PRESIDENT**

10. AGREEMENT STATE GENERAL LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WITHIN THE STATE, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEMS 9-11 ABOVE. If your copies of the specific license must accompany this report, Form 241-1

16. LICENSE NUMBER  
**201-168-05**

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Provide description of type and quantity of radioactive material, sealed sources, or devices to be used)  
**IR-192 MAX. CURIES 100**

18. AGREEMENT STATE GENERAL LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WITHIN THE STATE, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEMS 9-11 ABOVE. If your copies of the specific license must accompany this report, Form 241-1

16. LICENSE NUMBER  
**201-168-05**

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Provide description of type and quantity of radioactive material, sealed sources, or devices to be used)  
**IR-192 MAX. CURIES 100**

18. 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, replicated 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 160 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.  
**DANIEL J. HAYES, SR., PRESIDENT**  
 SIGNATURE  
 SIGNATURE OF MANAGEMENT REPRESENTATIVE (Name and Title)  
**DANIEL J. HAYES, SR., PRESIDENT**

FOR NRC USE ONLY  
 REVIEWING OFFICIAL (Typed Name and Title)  
**David J. Collins, Health Physicist**  
 DATE **8/16/2002**

DATE **8-16-2002**

TOTAL USAGE - DAYS TO DATE  
**35**

Division of Nuclear Materials Safety  
 USNRC Region II

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, replicated 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 160 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.  
**DANIEL J. HAYES, SR., PRESIDENT**  
 SIGNATURE  
 SIGNATURE OF MANAGEMENT REPRESENTATIVE (Name and Title)  
**DANIEL J. HAYES, SR., PRESIDENT**

RC-FORM 241  
1099A

**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. 3150-9013** **EXPRESSES: 01/25/2002**  
Estimated burden per response for complying with the mandatory collection requirements is 15 minutes. This notification is required on each NRC activity schedule submission of the activities to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Send comments regarding these activities to the Regulatory Management Branch (T-5 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to [1-800-NRC-1020](mailto:1-800-NRC-1020) and to the Desk Officer, Office of Information and Regulatory Affairs, NECE-10207, (3150-7013), Office of Management and Budget, Washington, DC 20503. A review must be given 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.

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

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     THERAPY/RADIATOR SERVICE

PORTABLE GAUGES     OTHER (Specify) ⇒

RADIOGRAPHY ⇒

REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE  
**JEFFBOAT INC.  
P.O. BOX 610  
JEFFERSONVILLE, IN 47130**

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Specify Area Number or other location. Give as complete an address or description as possible)  
**UTICA PIKE  
JEFFERSONVILLE, IN 47130**

10. CLIENT TELEPHONE NUMBER (Include Area Code) <b>812/288-0200</b>	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <b>812/282-0504</b>
12. DATES SCHEDULED FROM <b>8-19-2002</b> TO <b>8-19-2002</b>	13. NUMBER OF WORK DAYS <b>1</b>
14. ADD	15. DELETE
16. LOCATION REFERENCE NUMBER <b>000025</b>	17. WORK LOCATION TELEPHONE NUMBER (Include Area Code)

18. 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)  
**IR-192 MAX. CURIES 100**

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)  
**THE UNDERSIGNED, HEREBY CERTIFY THAT:**

18. AGREEMENT STATE LICENSE NUMBERS WHICH AUTHORIZE THE UNDERSIGNED TO CONDUCT ACTIVITIES UNDER THE SAME EXCEPT FOR LOCATION OF USE AS SPECIFIED IN ITEMS ABOVE. Four copies of this specific license must accompany the initial NRC Form 241.  
**201-168-05**    STATE **KY**    EXPIRATION DATE **7-31-2003**

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)  
**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.

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)  
**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.

CERTIFYING OFFICER - RSO or Management Representative (Name and Title)  
**DANIEL J. HAYES, SR., PRESIDENT**    SIGNATURE *[Signature]*    DATE **8-16-2002**

REVIEWING OFFICIAL (Name and Title)  
**David J. Collins, Health Physicist**    SIGNATURE *[Signature]*    DATE **8/16/2002**

FOR NRC USE ONLY  
TOTAL USAGE - DAYS TO DATE **35**

Division of Nuclear Materials Safety  
USNRC Region II  
NRC-FORM 241 (7-1999)    PRINTED ON RECYCLED PAPER

TRANSMIT MESSAGE CONFIRMATION REPORT

NAME: US NRC REGION 2  
 TEL : 404 562 4955  
 DATE: 08/16/02 13:40

TRANSMIT: 85022667577	DURATION	PAGE	SESS	RESULT
TYPE : MEMORY TX	MODE	E - 14	00'56	10
			220	OK

WARNING: False statements in this certificate may be subject to civil and/or criminal penalties. NRC regulations require that signatories to the NRC be correct and accurate in all material respects. 42 U.S.C. Section 1001 makes it a criminal offense to make a verbally false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

DANIEL J. HAYES, SR., PRESIDENT  
 SIGNATURE: [Signature]

DATE: 8-16-2002

REVENUE OFFICIAL (Signature) [Signature]  
 DATE: 8/16/2002

PRINTED ON RECYCLED PAPER

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

THE UNDERSIGNED, HEREBY CERTIFY THAT:

- I have read and understand the portions of the general license to CFR 192 that apply to the activities of the work and that I am required to comply with these provisions as in all respects, source, or special nuclear material which I possess and use in non-agreement States or other areas under the general license for which this report is filed with the U.S. Nuclear Regulatory Commission.
- I understand that activities, including foreign, conducted in non-agreement States under general license to CFR 192 are limited to a total of 180 days in calendar year, with the exception of work conducted in offshore waters, which is authorized for an unlimited period of time in the calendar year.
- I understand that activities may be inspected by NRC at the above listed work site locations and at the licensee's home office address for activities performed in non-agreement States or offshore waters.
- I understand that contact of any activities not described above, including conduct of activities on dates or locations different from those described above or where NRC authorization, may subject me to enforcement action, including civil or criminal penalties.

17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEETS TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-18 ABOVE

12. DATES SCHEDULED	13. NUMBER OF WORK DATES	14. WORK LOCATION (WORK SITE NUMBER)	15. LOCATION (Include Area Code)	16. WORK LOCATION TELEPHONE NUMBER (Include Area Code)	17. LOCATION (Include Area Code)	18. LOCATION (Include Area Code)	19. LOCATION (Include Area Code)
8-19-2002	1	812/288-0200	812/288-0504	812/288-0504	000025		

18. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE AND ZIP CODE  
 JEFFBOAT INC.  
 P.O. BOX 610  
 JEFFERSONVILLE, IN 47130

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 19 CFR 192.24

REGISTERED AS USER OF PACKAGING CONTAINERS OF COMPLIANCE NUMBER(S)

TELETERAPY/RADIATOR SERVICE

LEAK TESTING/ANION CALIBRATIONS

WELL LOGGING

PORTABLE GAUGES

RADIOGRAPHY

1. NAME OF LICENSEE (Please print name of licensee on this form; the licensee described below)  
 HAYES TESTING LABORATORY, INC.

2. ADDRESS OF LICENSEE (Please print address of licensee on this form; licensee may be located at a different address than the licensee described below)  
 2521 BOLLOWAY ROAD  
 LOUISVILLE, KY 40299

3. LICENSE CONTACT AND TITLE  
 DANIEL J. HAYES, SR., PRESIDENT

4. LICENSE NUMBER  
 502/266-9729

5. TELEPHONE NUMBER  
 502/266-7577

2. TYPE OF REPORT  
 INITIAL  REVISION  CLARIFICATION

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS

(Please read the instructions before completing this form)

U.S. NUCLEAR REGULATORY COMMISSION

NRC FORM 141 (7-2001)

APPROVED BY DATE: NO. 3150-0019

EXPIRES: 01/17/03

TRANSMIT MESSAGE CONFIRMATION REPORT

NAME: US NRC REGION 2  
 TEL : 404 562 4955  
 DATE: 08/16'02 13:42

TRANSMIT: 86305151259	DURATION	PAGE	SESS	RESULT		
TYPE : MEMORY TX	MODE	E - 14	01'08	02	221	OK

**Facsimile Transmittal - US Nuclear Regulatory Commission Region II**

DATE \_\_\_\_\_ / \_\_\_\_\_ / 2002      COVER + \_\_\_\_\_ PAGES

TO:   Doris Gonzalez   / \_\_\_\_\_      FAX NO.:   (AC 630) 515 - 1259  

OFFICE:   Region III        VOICE NO.: (AC 630)   829   -   9915   /   9  

FROM:   Janice Kirby / David Collins        FAX NO.: (AC 404) 562-4955

TOPIC:   Reciprocity in REGION III        VOICE NO.: (AC 404) 562 -   4719/4735  

800-577-8510 ext   4719/24735  

MATERIALS LICENSING/INSPECTION BRANCH   1/2        DIVISION OF NUCLEAR MATERIALS SAFETY  
 61 FORSYTH ST., SW, SUITE 23785, ATLANTA GA 30330-8931

Message: Reciprocity has been granted by NRC for this Agreement State Licensee to work in your facility which is exclusive Federal jurisdiction. This notification is a courtesy.

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## Facsimile Transmittal - US Nuclear Regulatory Commission Region II

DATE \_\_\_\_\_ / \_\_\_\_\_ / **2002**

COVER + \_\_\_\_\_ PAGES

TO: Mr. John Royack, Director FAX NO.: **(AC 317) 233 - 7154**

OFFICE: Indoor & Radiologic Health Div. VOICE NO.: **(AC 317) 233 - 7146**

FROM: Janice Kirby / David Collins FAX NO.: **(AC 404) 562-4955**

TOPIC: Reciprocity in INDIANA VOICE NO.: **(AC 404) 562 - 4719/4735**

**800-577-8510 ext 4719/24735**

MATERIALS LICENSING/INSPECTION BRANCH 1/2 DIVISION OF NUCLEAR MATERIALS SAFETY  
61 FORSYTH ST., SW, SUITE 23T85, ATLANTA GA 3030-8931

Message: Reciprocity has been granted by NRC for this Agreement State Licensee to work in your facility which is exclusive Federal jurisdiction. This notification is a courtesy.

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P:\faxform2002 reciprocity.wpd

TRANSMIT MESSAGE CONFIRMATION REPORT

NAME: US NRC REGION 2  
TEL : 404 562 4955  
DATE: 08/16/02 13:44

TRANSMIT: 83172337154		DURATION	PAGE	SESS	RESULT
TYPE : MEMORY TX	MODE	E - 14	02	222	OK
		01'12			