NRC FORM 241 (7-1999)	U.S. NUCLEAR REGU	LATORY	COMMISSI	ЮИ	APPROVED BY Estimated burde roquest: 15 mil schedule inspec	OMB: NO. en per respon nutes. This clion of the a	3150-001: nse to con notificati ctivities to	3 EXPIRE uply with this mand- ion is required so i ensure that they ar	:5; 07/31/2002 story collection that NRC may to conducted in
REPORT OF PROPOSED ACTIVITIES IN					accordance with requirements for protection of the public health and safety. Send committees regarding burden estimate to the Records Market of the Records National Commission				
NON-AGREEMENT STATES, AREAS OF EXCLUSIVE					Washington, D	icanica (1-9 1 ic 20555-00 k Officer. O	101. or by lice of ho	Nuclear Regulator) Internet e-mail to formation and Regi	bisi@nrc.gov, ulatory Affairs.
FEDERAL JURISDICTION, OR OFFSHORE WATERS					NEOB-10202 Washington, D	(3150-001) C 20503,	il a mear	of Management is used to impose	and Budgel, an information
(Please read the instructions before completing this form)					APPROVED BY OMB: NO. 3150-0013 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 salety. Send comments regarding burden estimate to the Records Management Branch (T-6 E5). U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to bist Brangov, and to the Ottoer, Office of Information and Regulatory Affars, NEOB-10202, (3150-0013). Office of Management and Budgel, 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.				
1. NAME OF LICENSEE (Parson or irm proposing to conduct the activities described below)				ł	2. TYPE OF REPORT				
HAYES TESTING LABORATORY, INC.					INITIAL K REVISION K CLARIFICATION				
3. ADDRESS OF UCENSEE (Mailing address or other invalion where licensee may be located)				ŀ	A LICENSEE CONTACT AND TITLE				
2521 HOLLOWAY ROAD LOUISVILLE, KY 40299				•	DANIEL J. HAYES, SR., PRESIDENT				
LUUIDVILLE, KI 40299					5, TELEPHONE NUMBER (Include Area Code)			6. FACSIMILE NUMBER (Include Area Code)	
					502/266-9729			502/266-7577	
7.	ACTIVITIES TO BE CONDUCT	ED UNDE	R THE GE	NERA	II. LICENSE G	IVEN IN 10	CFR 150	7.20	
WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/IRRADIATOR SERVICE									E
PORTABLE GAUGE	S OTHER (Specify) 🐳			····				
XX RADIOGRAPHY	REGISTERED AS USER OF	PACKAGIN	S (CERTIFICATI	E\$.OF	COMPUANCE NU	IMBESS)			
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE 9, ACTUAL PHYSIC				HYSIC	AL ADDRESS OF V	NORK LOCAT	ON pieje an ad	dress or directions as	possāle)
WARD ENGINEE			`		ORATION		,,		•
1353 S. 7TH					& MISS		VE.		
LOUISVILLE, KY 40208				ers	ONVILLE	, IN	4713	80	
10. QUENT TELE				IETE SA	PHONE NUMBER 11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)				
502/63				/6 3	37-6521 812/288-7186				
•			502,	703	7-6521	[8]	2/28	0-1100	
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