

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

(Please read the instructions before completing this form)

NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)

HAYES TESTING LABORATORY, INC.

ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)

**2521 HOLLOWAY ROAD
LOUISVILLE, KY 40299**

APPROVED BY OMB: NO. 3150-0013 EXPRESS: 07512002
Estimated burden per response to comply with the 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 safety. Send comments regarding burden estimate to the Regulatory Management Branch (1-8150), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to 18150@nrc.gov and to the Desk Officer, Office of Information and Regulatory Affairs, NEOS-10202, (3150-5013), Office of Management and Budget, 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.

2. TYPE OF REPORT

INITIAL REMISION CLARIFICATION

4. LICENSEE CONTACT AND TITLE

DANIEL J. HAYES, SR., PRESIDENT

TELEPHONE NUMBER (include Area Code)

502/266-9729

FACSIMILE NUMBER (include Area Code)

502/266-7577

TELETYPE NUMBER (if any)

WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS THERMISTOR SERVICE

PORTABLE GAUGES OTHER (Specify) ⇒

RADIOGRAPHY ⇒

REGISTERED AS USER OF PACKAGING CERTIFICATES OF COMPLIANCE NUMBERS

1. CLIENT NAME, ADDRESS, CITY/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 as possible.)

**UTICA PIKE
JEFFERSONVILLE, IN 47130**

10. CLIENT TELEPHONE NUMBER (include Area Code)

812/288-0200

11. WORK LOCATION TELEPHONE NUMBER (include Area Code)

812/282-0504

12. NUMBER OF WORK DAYS

1

13. ADD

14. DELETE

15. LOCATION REFERENCE NUMBER

000025 388

FROM

8-15-2002

TO

8-15-2002

17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEETS TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.

18. 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

19. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 18 ABOVE. (Four copies of this specific license must accompany the initial NRC Form 241.)

LICENSE NUMBER **201-168-05**

STATE **KY**

EXPIRATION DATE **7-31-2002**

20. 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 159.20 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.
- I understand that activities, including storage, conducted in non-agreement States under general license 10 CFR 159.20 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.
- 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 at 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 - FSO or Management Representative (Name and Title)

DANIEL J. HAYES, SR., PRESIDENT

SIGNATURE

[Signature]

DATE

8-12-2002

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 report.
Janice H. Kirby
Licensing Assistant

FOR NRC USE ONLY

DATE **8/12/02**

SIGNATURE

[Signature]

DATE

TOTAL USAGE - DAYS TO DATE