

NRC FORM 361
(7-01)

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: **SPACE SCIENCE SERVICES, INC.**
140 SOUTHGATE ROAD
DOTYAN, ALABAMA 36301

2. TYPE OF REPORT: INITIAL REVISION CLARIFICATION

3. LICENSE CONTRACT AND TYPE: **TELE THERAPY IRRADIATOR SERVICE**

4. NAME OF APPLICANT: **MINA WALKER**
334-677-8565
334-677-9305

5. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 40 CFR 150.20:
 WELL LOGGING
 LEAK TESTING AND/OR CALIBRATIONS
 PORTABLE GAUGES
 OTHER (specify) _____
 RADIOGRAPHY ADVERTISED AS USER OF PACKAGED PERFORMANCES OF OTHER LICENSEE(S)

6. CLIENT NAME, ADDRESS, CITY/STATE/ZIP: **FISHER TANK COMPANY**
2330 TWO NOTCH ROAD
LEXINGTON, S.C. 29072-8996

7. DATES SCHEDULED: **7/15/02** to **7/17/02**

8. LIST ADDITIONAL WORK SITES OR SEPARATE SITES TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 3-6 ABOVE:

9. LIST ADDITIONAL WORK SITES OR SEPARATE SITES TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 3-6 ABOVE:

10. STATE OF WORK: **AL**

11. COUNTY: **BEAUFORT, S.C.**

12. LICENSE NUMBER: **803-359-4173**

13. LICENSE EXPIRES: **000858**

14. CERTIFICATION (MUST BE COMPLETED BY APPLICANT):
I, THE UNDERSIGNED, HEREBY CERTIFY THAT:
1. All information in this report is true and complete.
2. I have read and understand the provision of the general license 40 CFR 150.20 regarding the requirements of this license and I understand that I am required to comply with these provisions as to all requirements, except, or special nuclear material which pertains 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.
3. I understand that activities, including research, conducted in non-agreement states under general license 40 CFR 150.20 shall be limited to a total of 60 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.
4. I understand that I may be inspected by staff of the above listed work site locations and at the licensee's home office address for activities performed in non-agreement states or offshore waters.
5. I understand that conduct of any activities not described above, including conduct of activities in states or territories other than those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.

15. SIGNATURE: **Donald A. Geiger** (Signature)
DONALD A. GEIGER, F.E., PRESIDENT
DATE: **7-20-02**

16. SIGNATURE: **Janice H. Kirby** (Signature)
Janice H. Kirby
Licensing Assistant
DATE: **7/10/02**

17. USE ONLY FOR NRC: **FOR NRC USE ONLY**

USNRC Region II - Atlanta GA FAX (404) 562-4951 VERIFY (404) 562-4123