

NRC FORM 341  
(7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY ONE: NO. 3120-012  
EXPENSE: 07/19/02  
Estimated burden per response to comply with this mandatory collection requirement is 15 minutes. This collection is required so that NRC may conduct an inspection of the licensee to ensure that they are complying with applicable requirements for protection of the public health and safety. Send comments regarding this burden estimate or the collection of information, including suggestions for reducing the burden, to the Office of Management and Budget, Paperwork Project (0192-0047), or by Internet e-mail to [bep@omb.gov](mailto:bep@omb.gov), and to the Chief Clerk, Office of Information and Regulatory Affairs, NRC-1028, (3155-0013), Office of Management and Budget, Washington, DC 20503. If a person is using an information collection that does not display a currently valid OMB control number, the NRC may not conduct or sponsor it, and a person is not required to respond to the information collection.

### 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 (Person or firm proposing to conduct the activities described below)  
**Independent Root Testing Consulting of S Fla**

2. TYPE OF REPORT  
 INITIAL  REVISION  CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address of other facilities where licensee may be located)  
**281 NE. 32 St.  
Oakland Park, FL 33334**

4. LICENSEE CONTACT AND TITLE  
**John G. Kuchter**  
5. TELEPHONE NUMBER (Include Area Code) **954-630-0201**  
6. FACSIMILE NUMBER (Include Area Code) **954-630-0506**

7. ACTIVITIES TO BE CONDUCTED UNDER THIS GENERAL LICENSE GIVEN IN 10 CFR 150.21  
 WELL LOGGING  LEAK TESTING AND/OR CALIBRATIONS  TELETHERAPY/RADIATOR SERVICE  
 PORTABLE GAUGES  OTHER (Specify) **⇒**  
 RADIOGRAPHY **⇒** REGISTERED AS LONG AS FACILITY CERTIFICATE OF COMPLIANCE NUMBER(s)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE  
**Commonwealth of Virginia  
Department of Corrections  
6900 Aftmore Drive  
Richmond, VA 23261**

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and number or other location. Give an alternate or alternate if practical)  
**Haynesville Correctional Unit  
Rte 306 east  
Haynesville, VA 22472**  
10. CLIENT TELEPHONE NUMBER (Include Area Code) **804-674-3252**  
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) **804-353-3577**

12. DATES SCHEDULED	13. NUMBER OF WORKDAYS	14. AOC	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM: <b>7-24-02</b> TO: <b>7-26-02</b>	<b>3</b>			<b>000885</b>

17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.

18. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Specify description of type and quantity of radioactive material, sealed source, or device to be used)  
**Americium 241 Berillium**

19. AGREEMENT STATE SPECIFIC LICENSE (WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SUBJECT MATTER OF THIS REPORT) OR USE AS SPECIFIED IN THIS REPORT (Print address of the issuing licensee and accompany this form NRC Form 341)  
**2689-1 FL 06-30-06**

20. 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 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 120 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;  
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.

CERTIFYING OFFICER - ALSO BY MAILING ADDRESS (Name and Title) SIGNATURE DATE  
**John E. Kuchter** **John E. Kuchter** **07-19-02**

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 representation to any agency of the United States as to any matter within its jurisdiction.

FOR NRC USE ONLY (NRC FORM 341 (7-1999))  
NAME SIGNATURE DATE TOTAL LICENSE DAYS TO DATE  
**Janice H. Kirby** **Janice Kirby** **7/19/02** **78**  
Licensing Assistant

Received Time Jul.19. 10:10AM  
No. 0207 P. 2/2

Jul 19 2002 1:09PM

Vertical text on the left margin: 4174-2000 (Rev. 11/15/94) 11/15/94 11/15/94 (Rev. 11/15/94) 11/15/94 11/15/94