

**NRC FORM 241 (7-1999)** **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 OMD: NO. 3150-0013** **EXPIRES: 07/31/2002**  
 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 safety. Send comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (9150-0013), 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.

**1. NAME OF LICENSEE** (Person or firm proposing to conduct the activities described below)  
 Applied Technical Services, Inc.

**2. TYPE OF REPORT**  
 INITIAL  REVISION  CLARIFICATION

**3. ADDRESS OF LICENSEE** (Mailing address or other location where licensee may be located)  
 1190 Atlanta Industrial Drive  
 Marietta, Georgia 30066

**4. LICENSEE CONTACT AND TITLE**  
 Gene Mock - RSO

**5. TELEPHONE NUMBER** (Include Area Code) **6. FACSIMILE NUMBER** (Include Area Code)  
 770-423-1400 770-514-3299

**7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20**  
 WELL LOGGING  LEAK TESTING AND/OR CALIBRATIONS  THERAPY/IRRADIATOR SERVICE  
 PORTABLE GAUGES  OTHER (Specify) => \_\_\_\_\_  
 RADIOGRAPHY => REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

**8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE**  
 Fuel Tank Maintenance, L.L.C.  
 755 Humble Drive  
 Cookeville, TN 38501  
 Putnam County

**9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION** (Street and Number or other location. Give as complete an address or directions as possible.)  
 Robins AFB  
 235 Bryon Street  
 Robins AFB, GA 31098

**10. CLIENT TELEPHONE NUMBER** (Include Area Code) **11. WORK LOCATION TELEPHONE NUMBER** (Include Area Code)  
 931-528-1137 478-327-7563

12. DATES SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM: July 26, 2002 TO: July 27, 2002	1			000641

**17. 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.)  
 Iridium 192 - See attached sheet

**18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9.** LICENSE NUMBER: GA896-1 STATE: GA EXPIRATION DATE: 10-31-03  
 NOTE: Description of the specific license must accompany the Initial NRC Form 241.

**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 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 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 - RSO or Management Representative (Name and Title)** **SIGNATURE** **DATE**  
 Ron Johnston - NDT IA Manager *Ron Johnston* July 25, 2002

**FOR NRC USE ONLY** **RE** **and Title** **SIGNATURE** **DATE** **TOTAL USAGE - DAYS TO DATE**  
 Janice H. Kirby Licensing Assistant *Janice Kirby* 7/25/02 29

**NRC FORM 241 (7-1999)** **PRINTED ON RECYCLED PAPER** **This form was designed using Informatica**