

NRC FORM 241 (7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013
Estimated burden for 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 estimates to the Records Management Branch (U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to: nrc@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NRC-01-10202, (3150-0013), 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.

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)
Geotechnical & Environmental Consultants
2. TYPE OF REPORT
[] INITIAL [] REVISION [X] CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
5021 Mercer University Drive
Suite D-2
Macon, GA 31210
4. LICENSEE CONTACT AND TITLE
George Ken Lawrence (RSO)
5. TELEPHONE NUMBER (Include Area Code)
(478) 757-1606
6. FACSIMILE NUMBER (Include Area Code)
(478) 757-1608

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20
[] WELL LOGGING [] LEAK TESTING AND/OR CALIBRATIONS [] TELETHERAPY/IRRADIATOR SERVICE
[X] PORTABLE GAUGES [] OTHER (Specify)
[] RADIOGRAPHY
REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
W.L. Hailey & Company, Inc.
2971 Kraft Drive
P.O. Box 40646
Nashville, TN 37204-0646
9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)
Robins AFB Flight Line, North & West of Runway
10. CLIENT TELEPHONE NUMBER (Include Area Code)
(615) 255-3161
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
(478) 923-6069

12. DATES SCHEDULED
FROM July 22-02 TO July 26-02
13. NUMBER OF WORK DAYS
5
14. ADD
15. DELETE
16. LOCATION REFERENCE NUMBER
NUMBER TO BE ASSIGNED BY NRC
000516

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.)
Troloxer Moisture & Density Gauge
Radioactive Material Activity-CS-137 3400 Series
.30 GBQ (8.000mCi AM--241:BE 1.48 GBQ (40.000mCi)

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 7 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)
LICENSE NUMBER GA 1388-1
STATE GA
EXPIRATION DATE 12/31/2004

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 off-shore 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)
George K Lawrence RSO
SIGNATURE
DATE 7-19-02

FOR NRC USE ONLY
Janice H. Kirby
Licensing Assistant
SIGNATURE
DATE 7/18/02
TOTAL USAGE - DAYS TO DATE 19
PRINTED ON RECYCLED PAPER

FAX (404) 562-4955 / VERIFY (404) 562-4719
Region II - Atlanta GA
USNRC