

NRC FORM 241
(7-1-98)

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 (Print or firm preparing to conduct the activities described above)
WELL SERVICES LLC

APPROVED BY CRM: NO. 3160-0013
Required burden per response to comply with this mandatory collection is approximately 15 minutes. This notification is required so that NRC may take into consideration the address to ensure that they are contacted in accordance with requirements for protection of the public health and safety. Send comments regarding burden, comments to this Records Management Branch, Office of Information and Regulatory Affairs, Washington, DC 20540-0001, or by internet email to publicaffairs@nrc.gov and to the Desk Officer, Office of Information and Regulatory Affairs, Washington, DC 20540. If a name used on approved information collection does not display a currently valid OIG 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 REVISION CLARIFICATION

4. LICENSEE CONTACT AND TITLE
Russell Moseley

8. TELEPHONE NUMBER (Include Area Code)
431-484-6172

9. FACSIMILE NUMBER (Include Area Code)
931-484-8977

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
PO BOX 2599 Crossville TN 38571

1031 Woodlark Cr. Crossville TN 38571

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 160.20

WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELE THERAPY/IRRADIATOR SERVICE

PORTABLE GAUGES OTHER (Specify)

RADIOGRAPHY

REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

5. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)
635 FROM WHITEWOOD VA CROSS IN TO W.VA. AT JACO TURN RT 0-616 MEET AT CHURCH on LEFT

6. CLIENT NAME ADDRESS CITY/COUNTY STATE ZIP CODE
GEN NET OPERATIONS Co. 136 CHAMPLON ST CLAMPOL HOLL IND. PARK CEDAR BLUFF VA 24609

10. CLIENT TELEPHONE NUMBER (Include Area Code)
276-963-2979

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
931-261-9619

12. DATES SCHEDULED FROM **7-13-02** TO **7-13-02**

13. NUMBER OF WORK DAYS **1**

14. ADD DELETE

15. LOCATION REFERENCE NUMBER **000806**

16. LOCATION REFERENCE NUMBER

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 radionuclides to be used)

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 3-18 ABOVE.

18. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

19. AGREEMENT STATE OF THIS LICENSE WHICH A LOCATION OR USE AS A SOURCE TO CONDUCT ACTIVITIES WORK AND THE SAME LICENSE must accompany the filled NRC Form 241. (Four copies of the specific license must accompany the filled NRC Form 241.)
R-18009-007 TN

LICENSE NUMBER **R-18009-007 TN** STATE **EXPIRATION DATE** **MARCH 2007**

16. NUMBER TO BE ASSIGNED BY NRC

1. 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 160.20 (printed on the instructions of this form) and I understand that I am required to comply with these provisions as to all hydro-radiation, sealed, 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 160.20 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 area locations and at the licensee home office address for activities performed in non-agreement states or offshore waters.

2. I understand that conduct of any activities not described above, including conduct of activities at sites 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)
Russell Moseley

DATE **7-11-02**

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 rep.

Signature of the United States agency of the United States as to any matter within its jurisdiction.
Janice H. Kirby

709) **Janice Kirby** DATE **7/12/02** TOTAL WORK DAYS TO DATE

Licensing Assistant

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