→ NRC

			LANDSONED BY D	MR: NO. 3150-001	3 EXPIRES: 0//3/1/2002	
RC FORM 241 U.S. NUCLEAR REGULATORY CO		TORY COMMISSION	Estimated burden	per response to co es. This notifical	mply with this mandatory collection ion is required so that NRC may	
1999)			schedule inspection	APPROVED BY OMB: NO. 3150-0013  Estimated burden per response to comply with this mandatory coffection request: 15 minutes. This notification is required so that NRC may schedule inspection of the solivities to ensure that they are conducted in schedule inspection of the public health and accordance with requirements for protection of the public health and		
REPORT OF PROPOSED ACTIVITIES IN			safety. Send comments regarding burden sentialary Commission, Monagement Branch (T-6 60), U.S. Nuclear Regulatory Commission, Monagement Branch (T-6 60), u.s. by internal e-mail to bist @nrc.gov,			
NON-AGREEMENT STATES, AREAS OF EXCLUSIVE			Washington, DC 20555-0001, or by internet state of the Desk Officer, Office of Information and Regulatory Affairs, and to the Desk Officer, Office of Information and Regulatory Affairs.			
FEDERAL JURISDICTION, OR OFFSHORE WATERS			Washington, DC	Washington, DC 20503. If a means used to impose an information Washington, DC 20503. If a means used to impose an information washington, DC 20503.		
FEDERAL JUNIODIO 110113 Office completing this form)			requosit 15 minutes. This nonlication is that they are conducted in schedule inspection of the activities to ensure that they are conducted in schedule inspection of the public health and accordance with requirements for protection of the public health and safety. Send comments regarding burden estimate to the Records safety. Send comments regarding burden estimate to the Records Send of the Comment Branch (T-6 Eb). U.S. Nuclear Regulatory Commission, Management Branch, College of Management and Budget, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-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.			
(Please read the instructions before completing this form)  1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)			2. TYPE OF REPORT			
HAYES TESTING LABORATORY, INC.			INITIAL REVISION X CLARIFICATION			
			4. LICENSEE CONTACT AND TITLE			
S. ADDRESS OF LICENSEE (Mailing address or other location where (icensee may be located)			DANIEL J. HAYES, SR., PRESIDENT			
2521 HOLLOWAY				6. FACSIMILE NUMBER		
LOUISVILLE, KY 40299			5, TELEPHONE N.	odė) i	(Include Area Code) 502/266-7577	
			502/266-			
7. A	CTIVITIES TO BE CONDUCTE	D UNDER THE GENE	RAL LICENSE GI	VEN IN 10 CFR 1	50.20	
WELL LOGGING		ND/OR CALIBRATION		ETHERAPY/IRR	ADIATOR SERVICE	
MASEL FORGING						
PORTABLE GAUGES	OTHER (Specify)					
	REGISTERED AS USER OF	PACKAGING (CERTIFICATES	3.OF COMPLIANCE NUI	WBERS)		
XX KADIOGIAI	<del></del>					
B. CLIENT NAME, ADDRESS, CITY/CO	UNTY, STATE, ZIP CODE	8. ACTUAL PHY (Street and I	Vumber er other location.	Give as complete an	address or directions as possible.)	
	MBANGDODM :	SAM	E			
BULK TRUCK & HIGHWAY 56/62		_				
HANOVER, IN	47243					
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