NRC FORM 241			_		Ph HV 24-4.	P 5475 644	SVDIDER: 07/04/9880	
NRC FORM 241 U.S. NUCLEAR REGULATORY COMMISSION (7-1999)					burden per te	o, a150-001	nply with this mandatory collection	
					APPROVED BY OMB: NO. 3150-0013 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 ES), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjet @mrc.gov, and to the Desk Officer. Officer 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 confront 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					e with 1800iff The minios bits and Branch (T	r redarding l rusparding l	burden estimate to the Records Nuclear Regulatory Commission	
NON-AGREEMENT STATES, AREAS OF EXCLUSIVE					on, DC 20556 Desk Officer	-0001, or by	internet e-mail to bis t @nrc.gov, formation and Repulsion Affairs.	
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	firm proposing to conduct the activities de			respond t	2. TYPE OF REPORT			
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■	g address or other location where license		ited)		A. LICENSEE CONTACT AND TITLE			
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Oak Ridge The								
37831 5 TN					S. TELEPHONE NUMBER 6. FACSIMILE NUMBER linduite Area Code) Industrie Area Code) Industrie Area Code)			
5783/ 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								
PORTABLE GAUGES OTHER (Specify)								
DEDITITIES AS LIKES OF BASINA INCOMPLICATES AS COLUMN UNION WILLIAMS WE ARE ALL BASINS								
RADIOGRAPHY REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)								
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP, CODE 8. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location, Give as complete an oddress or directions as possible.)								
501 Brook field Aur.							**	
1501 Brook field Ave								
Green Bay, WI 54313								
10. OLIENT TELEPHONE NUMBER 11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)							NTON TELEPHONE NUMBER	
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12. DATES SCHEDULED		13, NUN		14. ADD		15,	16. LOCATION REFERENCE NUMBER	
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	VORK SITES ON SEPARATE S WHICH WILL BE POSSESSED, USED, I				MATION CON	TAINED IN	ITEMS 9-15 ABOVE.	
17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, spaced sources, or devices to be used) 50 mCI C5-137 Source model of CDC, PU Service of HM293 Shield model of LB 7440DCR								
50 mCL Cx-137	source model #	DC, PY	Serial.	THE HAZ	73 5/	ich pica	6/# 4B7440DCR	
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	19. CERTIFICAT			LICENSEN R-0/0	SC 192-E12	STATE	EXPIRATION DATE	
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