

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 08/31/2005
 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 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollect@nrc.gov, 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.

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) QORE Property Sciences		2. TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION	
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 820 Fesslers Pkwy, Suite 240 Nashville, Tennessee 37210		4. LICENSEE CONTACT AND TITLE ANDREW CREIGHTON, CONST. SVCS. MGR	
		5. TELEPHONE NUMBER (Include Area Code) 615-244-6020	6. FACSIMILE NUMBER (Include Area Code) 615-244-6023

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) ⇒ _____

RADIOGRAPHY ⇒ _____

REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) _____

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE U.S. Army Corps of Engineers		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) Various sites at Fort Campbell Army Res.	
		10. CLIENT TELEPHONE NUMBER (Include Area Code)	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)

12. DATES SCHEDULED FROM ALL WORK DAYS, EXCEPT HOLIDAYS TO →	13. NUMBER OF WORK DAYS 180	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC
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LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.

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.)

See attached Radioactive Material License

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 ABOVE. (Four copies of the specific license must accompany the Initial NRC Form 241.)	LICENSE NUMBER R-19220-R02	STATE TN	EXPIRATION DATE 11/30/2007
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19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- All information in this report is true and complete.
- 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.
- 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.
- 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.
- 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) Andrew Creighton - CONST. SVCS. MGR	SIGNATURE <i>Andrew M. Creighton</i>	DATE 11/8/03
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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 representation to any department or agency of the United States as to any matter within its jurisdiction.

FOR NRC USE ONLY	REVIEWING OFFICIAL (Typed/Printed Name and Title)	SIGNATURE	DATE	TOTAL USAGE - DAYS TO DATE
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NRC FORM 241 (8-2002) **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 OMB: NO. 3160-0013 **EXPIRES: 08/31/2005**
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3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 820 Fesslers Pkwy, Suite 240 Nashville, Tennessee 37210		4. LICENSEE CONTACT AND TITLE ANDREW CREIGHTON, CONST. SVCS. MGR	
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WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/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 U.S. Army Corps of Engineers	9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) Various sites at Fort Campbell Army Res.
10. CLIENT TELEPHONE NUMBER (Include Area Code)	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)

12. DATES SCHEDULED FROM ALL WORK DAYS, EXCEPT HOLIDAYS TO _____	13. NUMBER OF WORK DAYS 180	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC 000146
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LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.

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.)

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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 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)	LICENSE NUMBER R-19220-R02	STATE TN	EXPIRATION DATE 11/30/2007
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I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

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- 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.
- 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.
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- 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) Andrew Creighton - CONST SVCS. MGR	SIGNATURE <i>Andrew M. Creighton</i>	DATE 1/8/03
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FOR NRC USE ONLY	RE Janice H. Kirby Licensing Assistant	(Title)	SIGNATURE <i>Janice Kirby</i>	DATE 1/10/03	TOTAL USAGE - DAYS TO DATE
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TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
 DIVISION OF RADIOLOGICAL HEALTH



RADIOACTIVE MATERIAL LICENSE

Pursuant to Tennessee Department of Environment and Conservation Regulations, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess and transfer radioactive material listed below; and to use such radioactive material for the purpose(s) and at the place(s) designated below. This license is subject to all applicable rules and regulations of the Tennessee Department of Environment and Conservation and orders of the Division of Radiological health, now or hereafter in effect and to any conditions specified below.

1. Name LICENSEE Atlanta Testing & Engineering 2. Address 478 Allied Drive, Suite 104 Nashville, TN 37211	3. License number R-19220-K02	
	4. Expiration date November 30, 2002	
	5. File no. R-19220	
6. Radioactive Material (Element and Mass Number)	8. Chemical and/or physical form See Supplementary Sheets	9. Maximum Radioactivity and/or quantity of material which licensee may possess at any one time.

10. Authorized Use
 See Supplementary Sheets

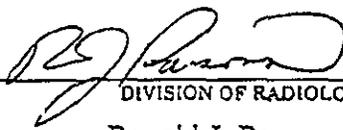
CONDITIONS

11. Unless otherwise specified, the authorized place of use is the licensee's address stated in item 2, above.
 See Supplementary Sheets

For the Commissioner
 Tennessee Department of Environment and Conservation

Date of Issuance November 5, 1997

Page 1 of 4 Pages

By: 
 DIVISION OF RADIOLOGICAL HEALTH

Ronald J. Parsons
 Health Physicist

Form RHIS 8-7A
(9-92)

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF RADIOLOGICAL HEALTH

RADIOACTIVE MATERIAL LICENSE

Amendment 4

Page 1 of 1 Page

License Number R-19220-K07

QORE Property Sciences
820 Fesslers Parkway, Suite 240
Nashville, Tennessee 37210

Attention: C. Kevin Latham, Radiation Safety Officer

Gentlemen:

Your Tennessee Radioactive Material License number R-19220-K02 is amended as follows:

To change Items 3 and 4. These items will now read as follows:

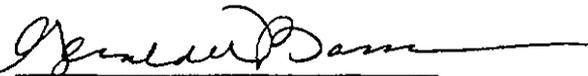
3. R-19220-K07
4. November 30, 2007

This amendment extends the expiration date of the license to that in Item 4.

All other parts of this license remain unchanged.

Date: July 31, 2002

For the Commissioner
Tennessee Department of
Environment and Conservation

By 

Gerald W. Bacon
Health Physicist
Division of Radiological Health



820 Fesslers Pkwy., S-240 Nashville, TN 37210
 (615) 244-6020 phone (615) 244-6023 fax
 e-mail nashville@qore.net

Fax

To: JANICE KERBY From: ANDY CREGGTON

Fax: 404-562-4955 Pages: 5

Phone _____ Date: 1/10/03

Re: _____ CC: _____

- Urgent For Review For Comment Please Reply Please Recycle

● **Comments:**

JANICE,

FOR THE PURPOSE OF CONSOLIDATING THIS FAX, I HAVE ONLY PROVIDED THE FRONT PAGE OF THE LICENSE AND AMENDMENT 4 (EXPIRATION DATE: 11/30/2007). IF YOU NEED ALL PAGES, PLEASE LET ME KNOW.

THANKS.

A

TRANSMIT MESSAGE CONFIRMATION REPORT

NAME: US NRC REGION 2
 TEL : 404 562 4955
 DATE: 01/10/03 16:29

TRANSMIT: 86152446023		DURATION	PAGE	SESS	RESULT
TYPE : MEMORY TX	MODE	E -240	00'33	01	580 OK

Jan 10 03 03:02p

QORE INC

16152446023

P. 4

NRC FORM 241 (8-2002) U.S. NUCLEAR REGULATORY COMMISSION

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CERTIFYING OFFICER - RSO or Management Representative (Name and Title) Andrew Creghton - Const Svcs. MGR		SIGNATURE <i>Andrew Creghton</i>	DATE 1/8/03
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FOR NRC USE ONLY	RE: Janice H. Kirby Licensing Assistant	SIGNATURE <i>Janice Kirby</i>	DATE 1/10/03
		TOTAL USAGE - DAYS TO DATE	

NRC FORM 241 (8-2002) PRINTED ON RECYCLED PAPER