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NON-AGREEMENT STATES, AREAS	S OF EXCLUSIV	Menagement Weshington,	Branch (T-8 E6), DC 20555-0001.	U.S. Nuclear Regulatory Commission or by Internet e-mail to birt @nro.co		
FEDERAL JURISDICTION, OR OFF	NEOB-1020	eak Officer, Office 2 (3180-0013), (	of Information and Regulatory Affair			
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(Please read the instructions before comp	respond to, th	e information collec	sor, and a person is not required tion.			
NAME OF LICENSIEE (Person or firm proposing to conduct the activities)			OF REPORT			
Krueger-Gilbert Health Physi  ADDRESS OF LICENSEE (Mailing address or other location where licens		INIT		ISION X CLARIFICATION		
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Baltimere, Maryland 21234	and the second s	***	7			
balcimore, Maryrand 2/254		5. TELEPHONE	NUMBER Code)	8. FACSIMILE NUMBER (Include Area Code)		
		410-66	5-5447	410-665-2074		
7. ACTIVITIES TO BE CONDUC	TED UNDER THE GENE					
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PORTABLE GAUGES OTHER (Spec	lfy) 🐃					
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6. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE	P. Armiai play	SICAL ADDRESS OF	WORK! OCATION			
	(Sirvet and M	mber or other location	in. Give as complete a	n edoress or directions as possible.)		
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Community Hospital	Same	. as 0				
1310 Southern Avenue, S.E.						
Washington, DC 20032						
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-1999)	schedule inspection of the adivides to ensure that they bublic health and secondaries with requirements for protection of the public health and secondaries send comments regarding burden estimate to the Records			
REPORT OF PROPOSED ACTIVITIES IN	screating the public health and accordance with requirements for protection of the public health and accordance with requirements for protection of the public health and set firty. Send comments reparding burden estimate to the Recordance of the American Section of the Management Branch (T-8 E8), U.S. Nuclear Regulatory Commission, Management Branch (T-8 E8), U.S. Nuclear Regulatory Affairs, and to the Dask Officer. Officer of Information and Regulatory Affairs, and to the Dask Officer. Officer of Management and Budget, NEOB-10202. (3:130-0013). Officer of Management and Budget, NEOB-10202. (3:130-0013). Marenes used to impose an information washington, DC 20503. Marenes used to impose an information the management does not display a currently valid DMB control sumber, the			
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FEDERAL JURISDICTION, OR OFFSHORE WATER	Washington, DC 20503. If a means used to impose an international washington, DC 20503. If a means used to impose an international control sumber, the collection does not display a currently valid DMB control sumber, the collection does not display a currently valid DMB control sumber.			
(Please read the instructions before completing this form)	respond to the information collection.			
NAME OF LICENSEE (Person or firm proposing to conduct the advities described below)	2. TYPE OF REPORT  ANITIAL REVISION X CLARIFICATION			
Wrunger-Gilbert Health Physics, Inc	INITIAL			
A ADDRESS OF LICENSEE (Mailing address or other location where licensee may be forested)	4. LICENSEE CONTACT AND TITLE			
	Stephen Henry/Health Physicist			
3601 E. Joppa Road Baltimëre, Maryland 21234	6. TELEPHONE NUMBER (Include Area Code)			
Baltimore, Maryland 2:20	410-665-5447 410-665-2074			
7. ACTIVITIES TO BE CONDUCTED UNDER THE GE	NERAL LICENSE GIVEN IN 10 CFR 160,20			
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WELL LOGGING X LEAKTESTING AND/OR CALIBRAT	IONS TELETIFICATION			
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8. CUENT NAME, ADDRESS, CITY/COUNTY, STATE ZIP CODE 9. ACTUAL (Steet a	PHYPICAL ADDRESS OF WORK LOCATION and Number or directions as possible.)			
Heart Center of Southern Maryland	10 No. 10			
2440 M Street, N.W., Suite 314	0 70 48			
Washington, DC 20037	Same as #8			
40 CUEN	TELEPHONE NUMBER 11 WORK LOCATION TELEPHONE NUMBER (projude Arms Gode)			
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202- 13. NUMBER OF	14. 15. 18, LOCATION			
12. DATES SCHEDULED WORK DAYS	14. 15. REFERENCE NUMBER ADD DELETE NUMBER TO BE			
FROM TO	ASSIGNED BY NRC			
1/11/03 /2/17/03	100000			
WORK SITES ON SEPARATE SHEET(S) TO INCL	LIDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.			
17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED,  17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICES TO AN ACCOUNT OF THE PROPERTY OF THE PROPE	OR TESTED sured.)			
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have read and understand the provision of the general license to CFR 160	rolal nuclear material which I possess and use in non-Agreement States or			
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(Please read the in:	structions perore complain	uily blis	101111	respond to, the im	2. TYPE OF		
1. NAME OF LICENSEE (Person or fam proposing to conduct the sativities described below)			INITIAL	INITIAL REVISION X CLARIFICATION			
Krueger-Gilbert Health Physics, Inc 3. ADDRESS OF LICENSEE (Mailing address or other location where licenses may be located)			4. LICENEEE CONTACT AND TITLE				
3. ADDRESS OF LICENSEE (Mailing #	Idrama & Short (School) Hite - 100010		,			Health Physic:	ist
3601 E. Joppa 1	Road		•			A FACQUILE NUMBER	
Baltimore, Mar	yland 21234			5. TELEPHONE NUI	ו/	(include Area Code) 410-665-2074	1
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7. A	CTIVITIES TO BE CONDUCT.	ED UNDE	R THE GENE	RAL LICENSE GIV	EN IN 10 CFK 1	60.20	1
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6. CLIENT NAME ADDRESS, CITY/CO	UNTY, STATE, ZIP CODE		8. ACTUAL PHY (Street and I	SICAL ADDRESS OF WI	Give as complete an	uddress or directions as possible.	)
Cardiology Ass 2141 K Street,	sociates,p.C. Northwest, Sui 206		same	as #8			
Washington, DC			10. CLIENT TE	EPHONE NUMBER	(inaivd◆ A	CATION TELEPHONE NUMBER	
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	18. CERTIFICA	TION (ML	JST BE COM	PLETED BY APPL	ICANT)		
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