

NRC FORM 241 (7-1999) **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. 3150-0013 **EXPRES: 0207/2002**
EPA/DOE 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 consistent with requirements for protection of the public health and safety. Send comments regarding burden estimates to the Records Management Branch (7-0 56), U.S. Nuclear Regulatory Commission, Washington, DC 20545-0001, or by Internet e-mail to rmbr@nrc.gov and to the Desk Officer, Office of Information and Regulatory Affairs, NRC-10202 (3150-0013), Office of Management and Budget, Washington, DC 20503. If a message uses 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.

1. NAME OF LICENSEE (Person or firm operating or working the activities described herein)
Test Lab, Inc.

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Include street or other address where licensee may be reached)
4112 W. Osborne Ave.

4. LICENSEE CONTACT AND TITLE
Lori Giese, Exec. V.P.

5. TELEPHONE NUMBER (Include Area Code) **6. FACSIMILE NUMBER (Include Area Code)**
813 377 7871 813 377 1876

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELTHERAPY/IRRADIATOR SERVICE
 PORTABLE GAUGES OTHER (Specify) _____
 RADIOGRAPHY REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY, COUNTY, STATE, ZIP CODE
Soltex Pacific
2424 Congress Street
San Diego, California
92110-2888

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give an apartment or address or structure as possible)
MacDill A.F.B.
Tampa FL

10. CLIENT TELEPHONE NUMBER (Include Area Code) **11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)**
610-296-6247 340-9192

| 12. DATES SCHEDULED | 13. NUMBER OF WORK DAYS | 14. ADD | 15. DELETE | 16. LOCATION REFERENCE NUMBER |
|--------------------------|-------------------------|---------|------------|-------------------------------|
| FROM 11/12, 11/14, 11/15 | 3 | | | 000691 |

17. LIST ADDITIONAL WORK SITES (ON SEPARATE SHEETS) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 3-16 ABOVE.

18. LIST RADIOACTIVE MATERIAL WHICH WILL BE PREPARED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)
A. Cesium 137 Sealed Source
B. Americium 241; Beryllium Sealed source

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 regarding 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 produce 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.

20. SIGNATURE OF OFFICER, AGO or Managers Representative (Name and Title) **SIGNATURE** **DATE**
Lori Giese, Exec. V.P. 850 *Lori Giese* 11/21/02

21. SIGNATURE OF NRC REVIEWER (Name and Title) **SIGNATURE** **DATE** **TOTAL LICENSE - DAYS TO DATE**
Janice H. Kirby, Licensing Assistant *Janice Kirby* 11/21/02 88

FOR NRC USE ONLY **REVIEW** **DATE** **TOTAL LICENSE - DAYS TO DATE**

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