

U.S. NUCLEAR REGULATORY COMMISSION

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.

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: DAVES & Kelly, Inc d.b.a. A. Jacobson & Associates
2. TYPE OF REPORT: CLARIFICATION
3. ADDRESS OF LICENSEE: P.O. Box 14748 Louisville, KY 40214
4. LICENSEE CONTACT AND TITLE: Michael S. Kelly, CHP
5. TELEPHONE NUMBER:
6. FACSIMILE NUMBER:

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20
WELL LOGGING
LEAK TESTING AND/OR CALIBRATIONS
TELE THERAPY/RADIATOR SERVICE
PORTABLE GAUGES
OTHER (Specify) -> Dose Calibrator QA & Shielding Integrity
RADIOGRAPHY ->
REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE: SEE ATTACHED LIST
9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION: SEE ATTACHED CLIENT LIST
10. CLIENT TELEPHONE NUMBER:
11. WORK LOCATION TELEPHONE NUMBER:

12. DATES SCHEDULED: FROM SEE ATTACHED TO CLIENT LIST
13. NUMBER OF WORK DAYS: FOR 2003
14. ADD:
15. DELETE:
16. LOCATION REFERENCE NUMBER: NUMBER TO BE ASSIGNED BY NRC 000192

17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.
18. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED: Co-57; Ba-133; Cs-137 E-VIALS & FLOOD SOURCES GENERALLY LICENSED SOURCES

19. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 8 ABOVE. LICENSE NUMBER: 201-175-55 STATE: KY EXPIRATION DATE: 3/31/2004

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)
I, THE UNDERSIGNED, HEREBY CERTIFY THAT:
a. All information in this report is true and complete.
b. I have read and understand the provision of the general license 10 CFR 150.20...
c. I understand that activities, including storage, conducted in non-Agreement States under general license 10 CFR 150.20 are limited to a total of 100 days in calendar year...
d. I understand that I may be inspected by NRC at the above listed work site locations and at the Licensee home office address...
e. 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...

CERTIFYING OFFICER - RSO or Management Representative (Name and Title): Michael S Kelly, President, RSO SIGNATURE: [Signature] DATE: 6/11/2003

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: Janice H. Kirby Licensing Assistant SIGNATURE: [Signature] DATE: 6/11/03 TOTAL USAGE - DAYS TO DATE:

ATTACHMENT TO FORM 241
2003 Client List

#9 and 10 Client Name	Address	Date Worked	Date Scheduled	NRC LRN
Kings Daughter's Hospital	One King's Daughters' Way Madison, IN 47250	3/7/03		000187
Medical Center of Southern Indiana	2200 Market Street Charlestown, IN 47111	3/7/03		000188
Harrison County Hospital	Corydon, IN	5/19/03		000189
Washington County Memorial Hospital	Salem, IN	4/15/03		000190
Scott County Hospital	Scottsburg, IN	4/15/03		000191
Clark Memorial Hospital	Jeffersonville, IN		6/23/03	000192
River City Cardiology	207 Sparks Ave, Suite 104 Jeffersonville, IN 47130	4/21/03		000193
ESSROC Materials	Speed Plant, Hwy 31 North Speed, Indiana 47172			000194
Cardiovascular Associates Of Southern Indiana	2109 Green Valley RD New Albany, IN 47150	4/15/03		000195

Form 241;
Item 10: Work Location same as mailing address
Item 11 & 13: Not available at this time

Note: USNRC will be notified by facsimile transmission 3 days prior to the work date
if/when dates of work are determined for these facilities.

Revised 6/11/03

Jun. 10 2003 09:59PM P2

PHONE NO. : 5023612486

ROM : DAVES & KELLY