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NRC FORM 241 (8-2002)	U.S. NUCLEAR REGI	LATORY COMMISSION	Estimated burdinguest 15 minus	OMB: NO. 3150 en per response des. This notific	LID COM	EXPIRES: 08/31/2000 holy with this mandatory collection required so that NRC may achedule that they are condicted in accordance.	
REPORT OF PROPOSED ACTIVITIES IN						at they are conducted in accordance the public health and safety. Sand to the Records Management Brand	
NON-AGREEMENT STATES, AREAS OF EXCLUSIVE				iclear Requistory mail to infocollec	Comm	ission, Weshington, DC 20535-0001 agov, and to the Desk Officer, Office (EOS-10202, (3150-0013), Office of the Cost of the Cos	
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(Please read the instructions before completing this form)			control number.	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.			
NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)				2. TYPE OF REPORT			
HAYES TESTING	NC -	☐ INITIAL ☐ REVISION 🖾 CLARIFICATION					
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)				4. LICENSEE CONTACT AND TITLE			
2521 HOLLOWAY ROAD			DANTED	DANIEL J HAYES, SR., PRESIDENT			
LOUISVILLE, KY 40299			5. TELEPHONE		e	FACSIMILE NUMBER (Include Ares Code)	
				6-9729	502/266-7577		
7.	ACTIVITIES TO BE CONDUCT	TED UNDER THE GENE	RAL LICENSE GI	VEN IN 10 CF	R 150	20	
WELL LOGGING	LEAK TESTING A	AND/OR CALIBRATIONS	TE	LETHERAPY/I	RRAD	NATOR SERVICE	
PORTABLE GAUGES		· · .				· 	
- X RADIOGRAPHY	⇒	F PACKAGING (CERTIFICATI	ES OF COMPLIANCE	NUMBERS)	<u>.</u>	·	
8. CLIENT NAME, ADDRESS, CITY	COUNTY, STATE, ZIP CODE	9, ACTUAL PHO (Street and I	SICAL ADDRESS OF	WORK LOCATION, Give as come	N dete an	address or directions as possible.)	
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