NRC FORM 241						
B-2002)	U.S. NUCLEAR REGUL	ATORY COMMISSION	Estimeted burden request: 15 minu	MB: NO. 3150-001 per response to co les. This notifica	mply with this mendetory collection to its required so that NRC may	
	<u> * *</u>	44	schedule inspecti accordance with	schedule inspection of the activities to ensure that they are conducted in accordance with requirements for protection of the public health and stately. Send comments regarding burden estimate to the Records Management Branch (T-6 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internel e-mail to infocollectedming.gov, and to the Desk Office, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0013), Office of Management and Budger, Washington, DC 20503. It a means used to impose an information collection does not display a currently valid OMB control		
REPORT OF	Management Sra	nments regarding non (T-6 E6), U.S.	Nuclear Regulatory Commission,			
NON-AGREEMENT	infocollegement gov, and to the Desk Officer. Office of Information and					
FEDERAL JURISD	ICTION, OR OFFSH	IORE WATERS	und Sudget, Was	Hington, DC 2050	3. If a means used to impose an	
(Please read the instructions before completing this form)				information collection does not display a currently valid CMS 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 (Parson or Irm proposing to conduct the ectivities described below)				2 TYPE OF REPORT		
Triad Nondestructive Testing, Inc.			INITIAL REVISION XX CLARIFICATION			
	address or other location where licensee	may be routed)	4. UCENSEE CON			
F.O. Box 2342		L. Leroj	L. Leroy Spangler			
233-B Industrial			Radiation Safety Officer			
Kernersville, NC 27285-2342			5. TELEPHONE NO	xd <i>e)</i>	(Include Area Code)	
			336-996		336-996 <b>-</b> 2576	
7.	ACTIVITIES TO BE CONDUCT	ED UNDER THE GENE	ral license gr	VEN IN 10 CFR 1	50.20	
WELL LOGGING	LEAK TESTING	AND/OR CALIBRATION	IS TEL	ETHERAPY/IRR	ADIATOR SERVICE	
PORTABLE GAUGE	S OTHER (Specify	) <del>*</del>			·	
X RADIOGRAPHY	RECISTERED AS USER OF 9283	PACKAGING (CERTIFICATE	S OF COMPLANCE NUM	48ER:5)		
8. CLIENT NAME, ACCRESS, CITY/C	OUNTY, STATE, ZIP CODE	9, ACTUAL PH	SICAL ACORESS OF Y	VORK LOCATION	neigrana of directions as consilitie.)	
Encompass Mechan	•	SICAL ADDRESS OF WORK LOCATION umber or other location. Give as complete an address of directions as possible.)				
118 Drake Street			Pope Air Force Base			
Fayetteville, NO	Fuel I	Pipeline Depot dge Street Construction Site				
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12 CATES SCHEDULED		10. CUENT TE	LEPHONE NUMBER	11, WORK LI (Include)	OCATION TELEPHONE NUMBER	
		' ' '	33-6489	910-	-391-1013	
					16. LOCATION	
19 BATES	scheditt ep	13. NUMBER OF	14,	16,	AFECRENCE NUMBER	
	SCHEDULED	13. NUMBER OF WORK DAYS	14, ADD	16, DELETE	REFERENCE NUMBER	
FROM	ТО				REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC	
	03/20/03				REFERENCE NUMBER	
03/20/03	03/20/03	WORK DAYS	ADD	DELETE_	NUMBER TO BE ASSIGNED BY NICC	
03/20/03	03/20/03	WORK DAYS  1, SHEET(S) TO INCLUD	ADD  E ALL INFORMAT TESTED	DELETE_	NUMBER TO BE ASSIGNED BY NICC	
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