NRC FORM 241 U.S. NUCLEAR REGU (8-2002)	LATORY	COMMISSIO	APPROVED BY Estimated burd request: 15 mi	OMB: NO. 3150-0 on per response to nutes. This notific	013 EXPIRES: 05/31/2005 comply with this mendatory entlection sation is required so that NRC may							
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS				APPROVED BY OMB: NO. 3150-0013 Estimated burden per response to comply with this mendatory collection request: 15 minutes. This notification is required an 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. Send comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@are.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0013), Office of Management and Sudget, Washington, DC 20503. If a means used 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.								
							(Please read the instructions before comple			and Sudget, W information col number, the N	eshington, DC 205 lection does not di RC may not condu	03. If a means used to impose an splay a currently valid OMB control of or sponsor, and a person is not
							NAME OF LICENSEE (Person or Itm proposing to conduct the activities decorbed below)			required to rest	required to respond to, the information collection. 2. TYPE OF REPORT	
Triad Nondestructive Testing, Inc.			INITIA	INITIAL REVISION XXX CLARIFICATION								
3. ADDRESS OF UCENSEE (Mailing address or other location where licensee	may be loca	Hed)		NTACT AND TITLE								
P.O. Box 2342				L. Leroy Spangler								
233-B Industrial Way Drive Kernersville, NC 27285-2342				Radiation Safety Officer								
			5. TELEPHONE I (Include Area ((ode)	6. FACSIMILE NUMBER (Include Area Code)							
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERA			336-996		336-996-2576							
/ 												
WELLOGGING LEAK TESTING	AND/OR C	CALIBRATION	IS TE	LETHERAPY/IRE	ADIATOR SERVICE							
PORTABLE GAUGES OTHER (Specify) ~											
X RADIOGRAPHY \Rightarrow REGISTERED AS USER OF 9283	PACKAGIN	G (CERTIFICATE:	5 OF COMPLIANCE NU	M&ERS)								
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE	" 	9. ACTUAL PH	SICAL ADDRESS OF	WORK LOCATION	address or directions as possible.)							
Encompass Mechanical Services, Inc		ì			out of the contract of public to .)							
118 Drake Street				r Force Base								
Fayetteville, NC 28302			ipeline Dej ge Street (pot Constructio	on Site							
			LEPHONE NUMBER	11. WORK	OCATION TELEPHONE NUMBER							
		100,000,000										
			3-6489		-391-1013							
12. DATES SCHEDULED	13. NU		-		-391-1013							
FROM YO	WOR	910-48 MBER OF K DAYS	3-6489	910-	16. LOCATION REFERENCE NUMBER NUMBER TO SE							
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Division of Nuclear Materials Safety
USNRC Region &