

NRC FORM 241 (7-1999) U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 07/31/2002 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. Send comments regarding burden estimates to the Records Management Branch (4-6 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to 931@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOS-10202, (3150-0013), Office of Management and Budget, 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.

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 (Person or firm proposing to conduct the activities described below)

Russell's Well Service LLC

2. TYPE OF REPORT INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)

103 WOODLAND CIRCLE
CROSSVILLE, TN. 38571

4. LICENSEE CONTACT AND TITLE
RUSSELL MOSELEY OWNER

5. TELEPHONE NUMBER (Include Area Code)

931-484-6172

6. FACSIMILE NUMBER (Include Area Code)

931-484-8974

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

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

8. CLIENT NAME ADDRESS, CITY/COUNTY STATE ZIP CODE
GEOMET OPERATING CO.
250 CHAMPION STREET
CLAYPOOL HILL INDUSTRIAL PARK
CEDAR BLUFF VA. 24607

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or direction as possible.)
635 FROM WHELEWOOD VA. CROSS STATE LINE (W.VA) AT 50 L GO ABOUT 2 MILES WEST AT CHEVRON STATION

10. CLIENT TELEPHONE NUMBER (Include Area Code)
276-963-2979

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
931-260-4203

Table with columns: DATE SCHEDULED, NUMBER OF WORK DAYS, ADD, DELETE, LOCATION REFERENCE NUMBER. Row 1: 3-18-03, 1, ADD, DELETE, 000513

12. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-11 ABOVE.

13. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactively material, sealed sources, or devices to be used.)
CS137 2CC SEALED SOURCE
CS137 0.125 CC SEALED SOURCE

14. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 1 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)
LICENSE NUMBER: R-18009-C07 STATE: TN EXPIRATION DATE: MAR 31, 2007

15. 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 reprinted on the instructions of this form... 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 180 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 for activities performed in non-agreement states or offshore waters. 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, including civil or criminal penalties.

16. SIGNATURE OF LICENSEE, RSO or Management Representative (Name and Title) SIGNATURE: Russell L. Moseley DATE: 3-17-03

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: Janice H. Kirby, Licensing Assistant. SIGNATURE: Janice Kirby DATE: 3/17/03 TOTAL USAGE - DAYS TO DATE

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