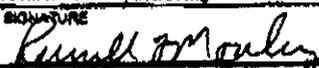
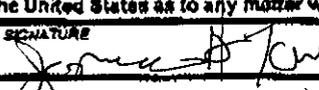


NRC FORM 341 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0043 Estimated burden per response to comply with the mandatory collection request: 15 minutes. This notification is required so that NRC may schedule inspection of the activities to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Send comments regarding burden estimates to the Records Management Branch (1-6 EP) U.S. Nuclear Regulatory Commission, Washington, DC 20545-0001, or by Internet e-mail to 6e1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NRC-10202 (3150-0013), Office of Management and Budget, Washington, DC 20503. If a message 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.		EXPIRES: 07/01/2002	
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 herein) Rustin's Well Service LLC				2. TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION			
3. ADDRESS OF LICENSEE (Mailing address or other address where licensee may be located) 1031 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 160.20 <input checked="" type="checkbox"/> WELL LOGGING <input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELE THERAPY/IRRADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> RADIOGRAPHY <input type="checkbox"/> REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBER) _____							
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE GEO MET OPERATING Co 250 CHAMPION STREET CLAYPOLE HILL INDUSTRIAL PARK CEDAR BLUFF, VA. 24609				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) THREE MEET AT CHEVRON STATION AT 635 + HWY 83 AT JOLO W. VA.			
				10. CLIENT TELEPHONE NUMBER (Include Area Code) 276-963-2979		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 260 MOSELEY 931-260-4203	
12. DATES SCHEDULED FROM 4-3-03 TO 4-3-03		13. NUMBER OF WORK DAYS 1		14. ADD		15. DELETE	
						16. LOCATION REFERENCE NUMBER 000-513	
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.							
17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Provide description of type and quantity of radioactive material, sealed sources, or devices to be used.) CS 137 2 CE SEALED SOURCE CS 137 .125 CE SEALED SOURCE							
18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN THIS 341, ABOVE. (Four copies of the specific license must accompany this Initial NRC Form 341.)				LICENSE NUMBER 2-18009.C07		STATE TN	
				EXPIRATION DATE MAR 31, 2007			
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 160.20 reprinted on the instructions of this form; and I understand that I am required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use in non-Agreement States or offshore waters under the general license for which this report is filed with the U.S. Nuclear Regulatory Commission. c. I understand that activities, including storage, conducted in non-Agreement States under general license 10 CFR 160.20 are limited to a total of 180 days in calendar year. With the exception of work conducted in off-shore waters, which is authorized for an unlimited period of time in the 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.							
CERTIFYING OFFICER - RSO or Management Representative (Name and Title) Russell Moseley OWNER				SIGNATURE 		DATE 4-2-03	
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		REVIEWING OFFICIAL (Typed Printed Name and Title) Janice H. Kirby Licensing Assistant		SIGNATURE 		DATE 4/3/03	
						TOTAL LEASE - DAYS TO DATE	

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