



NRC FORM 241 (8-2008)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013		EXPIRES: 11/30/2011	
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS (Please read the instructions before completing this form)				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 estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to infocoll@nrc.gov , and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-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.			
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) Stan A. Huber Consultants, Inc.				2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> CHANGE			
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 200 N. Cedar Road New Lenox, IL 60451				4. LICENSEE CONTACT AND TITLE Gerhild H. Huber, Office Manager			
				5. TELEPHONE NUMBER (Include Area Code) (815) 485-6161		6. FACSIMILE NUMBER (Include Area Code) (815) 485-4433	
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20 <input type="checkbox"/> WELL LOGGING <input checked="" type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELETHERAPY/IRRADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> RADIOGRAPHY <input type="checkbox"/> REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBER(S))							
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE V.A. Hospital - Hines 5th & Roosevelt Road Hines, IL 60141				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) same			
				10. CLIENT TELEPHONE NUMBER (Include Area Code) (708) 202-8387		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) (708) 202-8387	
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD		15. DELETE	
FROM 04/21/2011		TO 04/21/2011		1		1	
						16. LOCATION REFERENCE NUMBER 000316	
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.							
17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.) Ba-133 cal. vial - 1.0 mCi; Co-57 vial - 1.0 mCi; Cs-137 cal. vial - 0.200 mCi; Cs-137 cal. device 110 mCi.							
18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9 ABOVE. (One copy of the specific license must accompany the initial NRC Form 241.)				LICENSE NUMBER IL-01013-01		STATE IL	
				EXPIRATION DATE 11/30/2011			
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 150.20 printed 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 150.20 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) Gerhild H. Huber, Office Manager				SIGNATURE 		DATE 04/05/2011	
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) Geoffrey Warren, Health Physicist		SIGNATURE 		DATE 4/6/11	
						TOTAL USAGE - DAYS TO DATE 36	



Stan A. Huber Consultants, Inc.
Health Physics and Radiation Safety Services

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Homepage: www.sahci.com; E-mail: sahci@sahci.com

FAX

Date: Tuesday, April 05, 2011

To: Geoffrey Warren

Facility: NRC

Fax Number: 630-515-1259

From: Sara Malecki

Subject: Reciprocity

Number of Pages
(Including Cover Sheet) 2

If all pages are not received, please call (800) 383-0468

MEMO:

RE: Reciprocity for IEMA License No. IL-01013-01

Please see attached reciprocity information

If you have questions or need additional information, please contact me at (800) 383-0468.

Thank you,

Sara Malecki
Administrative Assistant