

NRC
10 CFR 150

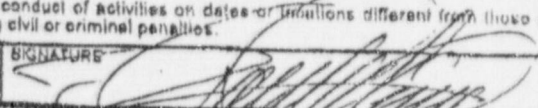
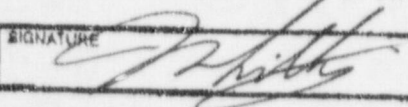
NUCLEAR REGULATORY COMMISSION

APPROVED BY DMB, NO. 3160-0013

Estimated burden per response to comply with this mandatory information or action request: 10 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. Forward comments regarding burden estimate to the Information and Records Management Branch (F&R33), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Paperwork Reduction Project (3150-0013), Office of Management and Budget, Washington, DC 20503. NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES

(Please read the instructions on the cover sheet before completing this form.)

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)		2. TYPE OF REPORT		3. CONTROL NUMBER (Leave Blank - NRC will assign by NRC)	
PAUL SINN TESTING SERVICES, INC.		INITIAL REVISION ☒ CLARIFICATION			
4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)		5. LICENSEE CONTACT		6. TELEPHONE NUMBER (Include Area Code)	
300 S. Euclid St. Marissa, IL 62257		Paul Sinn		618-295-2911	
7. FACSIMILE NUMBER (Include Area Code)		7. FACSIMILE NUMBER (Include Area Code)			
		618-295-2911			
8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20					
WELL LOGGING		LEAK TESTING AND/OR CALIBRATIONS		TELETHERAPY/RADIATOR SERVICE	
PORTABLE GAUGES		OTHER (Specify)			
☒ RADIOGRAPHY →		TRANSPORTATION PROGRAM APPROVAL NO. & REV. NO.		REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE)	
		0729 REV. 0		9032, 9033, 9156, 9157	
9. CLIENT NAME, ADDRESS, CITY/COUNTY/STATE/ZIP CODE		10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible.)			
CARONDELET CORP. 8600 Commercial Blvd. Pevely, MO 63070		VANDEVENTER MACHINE 1446 S. Vandeventer St. Louis, MO 63110			
11. CLIENT TELEPHONE NUMBER (Include Area Code)		12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK		13. WORK LOCATION TELEPHONE NUMBER (Include Area Code)	
314-479-4499		John Risley/J. Juenger		314-652-0742	
14. DATES SCHEDULED		15. NUMBER OF WORK DAYS		16. LOCATION REFERENCE NUMBER	
FROM 6-9-99 TO 6-9-99		1		#000087	
17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-10 ABOVE.					
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 8 ABOVE (Four copies of the specific license must accompany the Initial NRC Form 241.)					
LICENSE NUMBER		STATE		EXPIRATION DATE	
IL 01670-01		Illinois		9-30-01	
				TOTAL USAGE DAYS TO DATE	
				11	
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 reprinted on the cover sheet of this form set; and I understand that I am not exempt to comply with those 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.					
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. I am also aware that I will be responsible for any fees associated with such inspections.					
e. I understand that conduct of any activities not described above, including conduct of activities on dates or conditions different from those described above, without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.					
CERTIFYING OFFICER - RSO or Management Representative (Typed/Printed Name and Title)		SIGNATURE		DATE	
Paul W. Sinn RSO				6-8-99	
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		AUTHORIZING OFFICIAL (Typed/Printed Name and Title)		SIGNATURE	
		Monte Phillips, Technical Assistant, DNMS			
				6/8/99	

NRC FORM 241 (6-96)

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PDR STPRG ESGIL
PDR

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