FORM 241 U.S. NUCLEAR REGULATORY COMMISSION

(8-96)
10 CFR 150

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES

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

APPROVED BY OMB: NO. 3150-0013

Estimated burden per response to comply with this mandatory information collection request: 16 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 (T-6 F33), 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.

1. NAME OF LICENSEE *(Person or firm proposing to conduct the activities described below)*

PAUL SINN TESTING SERVICES, INC.

2. TYPE OF REPORT
- INITIAL
- REVISION
- X CLARIFICATION

3. CONTROL NUMBER *(Leave Blank -- A number to be Assigned by NRC)*

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

300 S. Euclid St.
Marissa, IL 62257

5. LICENSEE CONTACT

Paul Sinn

6. TELEPHONE NUMBER *(Include Area Code)*

618-295-2911

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/IRRADIATOR SERVICE
	PORTABLE GAUGES		OTHER *(Specify)*		
X	RADIOGRAPHY	TRANSPORTATION QA PROGRAM APPROVAL NO. & REV. NO. 0729 REv. 0		REGISTERED AS USER OF PACKAGINGS (CERTIFICATES OF COMPLIANCE) 9032,9033,9156,9157	

9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE

CARONDELET CORP.
8600 Commercial Blvd.
Pevely, MO 63070

10. WORK LOCATION ADDRESS *(Street and Number or other location. Give as complete an address or directions as possible.)*

VANDEVENTER MACHINE
1446 S. Vandeventer
St. Louis, MO 63110

11. CLIENT TELEPHONE NUMBER *(Include Area Code)*

314-479-4499

12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK

John Risley/J. Juenger

13. WORK LOCATION TELEPHONE NUMBER *(Include Area Code)*

314-652-0742

14. DATES SCHEDULED FROM	TO	15. NUMBER OF WORK DAYS	16. LOCATION REFERENCE NUMBER
6-9-99	6-9-99	1	LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS. NUMBER TO BE ASSIGNED BY NRC: #000087

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.

17. BY RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED IN NON-AGREEMENT STATES *(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)*

Ir192 in Industrial Nuclear Model INC-100 46 Ci, 1702 GBq

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	TOTAL USAGE DAYS TO DATE
IL 01670-01	Illinois	9-30-01	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 and agree 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-Agreements 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 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 *(Type/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 *(Type/Printed Name and Title)*	SIGNATURE	DATE
	Monte Phillips, Technical Assistant, DNMS		6/8/99

NRC FORM 241 (8-96)

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PDR STPRG ESGIL
PDR

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