| NRC FORM 241 U. S. NUCLEAR REGULATORY COMMISSION (6-96) 10 CFR 150 REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES | | | APPROVED BY OME: 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, the activities to ensure that they are conducted in accordance with requirements protection of the public health and safety. Forward comments regarding burden estimate the information and Records Management Branch (1-5 F33), U.S. Nuclear Regulator Commission, Washington, DC 20565-0001, and to the Paperwork Reduction Projection (3150-0013). Office of Management and Budget, Washington, DC 20503. NRC may not seem to be considered to the public description of the public description. | | |
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| (Please read the instructions on the | he cover sheet before completing this form.) | B DOUG | and of sponsor, and a person is | not required to respond to a collection of informati | |
| NAME OF LICENSEE (Person or firm prop | osing to conduct the activities described below) | Unie | ss it displays a currently valid ON 2. TYPE OF REPORT | 3. CONTROL NUMBER | |
| McNDT Leasing, Inc. | | | IN!TIAL | (Leave Blank Number to be assigned by NRC) | |
| ADDRESS OF LICENSEE (Mailing addre | ss or other location where licensee may be located) | - | REVISION CLARIFICATION | | |
| P.O. Box 545 | | 5 LICENSEE CONTACT | | | |
| 24154 S. N. Illinois Dr. | | Jim McCain | | | |
| Channahon, IL 60410 | | 6. TELEPHONE NUMBER (Include Area Code) (815) 467-5200 (815) 467-868 | | | |
| COLOR MORRE, A SERVICIO POR CARANTE DE CARAN | ONDUCTED IN NON-AGREEMENT STATES | LIMIT | (815) 467-5200 | | |
| | AK TESTING AND/OR CALIBRATIONS | T | TELETHERAPY/IRRADIATO | The state of the s | |
| 101 | THER (Specify) | | TELE / TENO TIMODA (| UN SERVICE | |
| PORTABLE GAUGES | | | | | |
| X RADIOGRAPHY ⇒ TRANSP | PORTATION QA PROGRAM APPROVAL NO. & REV. NO. | REGISTERED AS USER OF PACKAGINGS (CERTIFICATES OF COMPLIANCE NOS.) 9033 | | | |
| CLIENT NAME, ADDRESS, CITY/COUNTY | | VORK | OCATION ADDRESS (Street an | od Number or other location. Give as | |
| McNDT Pipeline, Ltd. | | | complete an address or directions as possible.) State St. & Goshen Rd | | |
| P.O. Box 545 | | Ft. Wayne, IN | | | |
| Channahon, IL 60410 | | rt. 1 | vayne, IN | | |
| 1. CLIENT TELEPHONE NUMBER (Include Area Code) | 12 WORK LOCATION TECHNICIAN AUTHORIZED TO | PERFO | RM WORK | 13 WORK LOCATION TELEPHONE NUMBER (Include Area Code) | |
| 14. DATES SCHEDULED | | NUMBE | 46 100 | ATION REFERENCE NUMBER | |
| OM TO | | RK DAY | LEAVE BLANK FOR INITIA | L NRC FORM 241 REQUESTS | |
| 1/18/99 | 1/22/99 | 5 | NUMBER TO BE ASSIGNED BY NRC | | |
| LIST RADIOACTIVE MATERIAL, WHICH V (Include description of type and quantity of | C SITES ON SEPARATE SHEET TO INCLUD WILL BE POSSESSED, USED, INSTALLED, SERVICED, rediceative meterial, sealed sources, or devices to be used Amerisham 424-9 or SPEC T-5) | OR TES | Ci. Max. | AINED IN ITEMS 9-16 ABOVE. | |
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| 8. AGREEMENT STATE SPECIFIC LICENSE | E WHICH AUTHORIZES THE UNDERSIGNED TO CONDU pies of the specific license must accompany the initial NRC | CT ACT | TVITIES WHICH ARE THE SAME | EXCEPT FOR LOCATION OF USE, AS | |
| 8. AGREEMENT STATE SPECIFIC LICENSE SPECIFIED IN ITEM 8. ABOVE (Four cop CENSE NUMBER | STATE LINOIS | Form : | DATE | TOTAL USAGE DAYS TO DATE | |
| A AGREEMENT STATE SPECIFIC LICENSE SPECIFIED IN ITEM 8. ABOVE (Four cop CENSE NUMBER | STATE Illinois EXPIR | Form: RATION nely | DATE Renewal | | |
| AGREEMENT STATE SPECIFIC LICENSE SPECIFIED IN ITEM 8. ABOVE (Four copies Number L-01875-01 THE UNDERSIGNED, HEREBY CERT B. All information in this raport is to b. I have read and understand the | STATE Illinois EXPIRATION (MUST BE CO | RATION Nely | PATE Renewal ETED BY APPLICANT) | TOTAL USAGE DAYS TO DATE | |
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