

USMRC REGION II - MATERIALS LICENSING/INSPECTION BRANCHES (FAX 404-562-4955) (VERIFY 404-562-4732)

NRC FORM 241 (6-89) 10 CFR 190		U. S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 2150-0013 Estimate 15 minutes per response to comply with the mandatory information 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. Federal Government regarding nuclear material to the information and Records Management Branch (7-4-93) U.S. Nuclear Regulatory Commission Washington, DC 20555-0001 and to the Regulatory Review Branch (2150-0013) Office of Management and Budget Washington, DC 20503. NRC may not conduct a license 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	
CODE SERVICES		INITIAL		3. CONTROL NUMBER (Leave blank - Number to be assigned by NRC)	
4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be reached)		XXX REVISION		CLARIFICATION	
26412 OLD HIGHWAY 20 MADISON, AL 35756		5. LICENSEE CONTACT		CHRIS CHANDLER	
6. TELEPHONE NUMBER (Include Area Code)		7. FACSIMILE NUMBER (Include Area Code)		(256) 340-1117 (256) 340-1134	
8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 190.20					
WELL LOGGING		LEAK TESTING AND/OR CALIBRATIONS		TELETHERAPY/RADIATOR SERVICE	
PORTABLE GAUGES		OTHER (Specify)			
X RADIOGRAPHY		TRANSPORTATION OR PROGRAM APPROVAL NO. & REV. NO.		REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NO.)	
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.)			
*REVISION NEW CLIENT		REDSTONE ARSENAL, AL			
SINGLETON PLUMBING, INC.		BLDG# 4460, #4530 and #4531			
PO BOX 2305, GADSDEN, AL 35903					
244 HONE STREET					
11. CLIENT TELEPHONE NUMBER (Include Area Code)		12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK		13. WORK LOCATION TELEPHONE NUMBER (Include Area Code)	
(256) 547-1659					
14. DATES SCHEDULED		15. NUMBER OF WORK DAYS		16. LOCATION REFERENCE NUMBER	
FROM SEPTEMBER 1, 1999 TO DECEMBER 31, 1999		≤ 180		001146	
Notify NRC: RII 3 days in advance of work.					
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.)					
Tr-192					
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	
1075		ALABAMA		DEC 31, 2002	
TOTAL USAGE DAYS TO DATE					
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 190.20 (reprinted on the cover sheet of this form set) 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 190.20 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 (Typed Printed Name and Title)					
CHRIS CHANDLER, RSO					
SIGNATURE					
David J. Collins					
DATE					
9/2/1999					
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	
		David J. Collins, Health Physicist		David J. Collins	
NRC FORM 241 (6-89)		Division of Nuclear Materials Safety		DATE	
		USMRC Region II		9/2/1999	

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9/2/1999