NRC FORM 241 (6-93) 10 CFR 150

U. S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 6/30/95

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.

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)
NORTHEAST TECHNOLOGY CORP

2. TYPE OF REPORT
- [✓] INITIAL
- [ ] REVISION
- [ ] CLARIFICATION

3. CONTROL NUMBER (Leave Blank – Number to be assigned by NRC)

4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
108 North Front St
UPO Box 4178
KINGSTON, NY 12402

5. LICENSEE CONTACT
K. LINDQUIST

6. TELEPHONE NUMBER (Include Area Code)
914-331-8511

7. FACSIMILE NUMBER (Include Area Code)
914-331-8521

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)
- [ ] RADIOGRAPHY ⇒ TRANSPORTATION QA PROGRAM APPROVAL NO. & REV. NO
- REGISTERED AS USER OF PACKAGINGS (CERTIFICATES OF COMPLIANCE NOS.)

9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
ELECTRIC POWER RESEARCH INSTITUTE
3412 Hillview Ave.
Palo Alto, CA 94304

10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible.)
Breazeale Nuclear Reactor Facility
Pennsylvania State University
University Park, PA 16802

11. CLIENT TELEPHONE NUMBER (Include Area Code)
650-855-2788

12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK
K. LINDQUIST / M. Harris

13. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
814-865-6351

14. DATES SCHEDULED

FROM	TO	15. NUMBER OF WORK DAYS	16. LOCATION REFERENCE NUMBER
5/22/95	8/22/95	15	LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS. NUMBER TO BE ASSIGNED BY NRC

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

17. LIST 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.)
Cf-252 sealed source 10.1 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 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
2694-3943	New York	5/31/98	15

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 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.

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)	SIGNATURE	DATE
Kenneth O. Lindquist	Kenneth O. Lindquist	5/28/98

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	DATE

NRC Form 241 (6-93)

JUN - 1 1998

NRC FORM 241 (6-96) 10 CFR 150

U. S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 6/30/99

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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)

NORTHEAST TECHNOLOGY CORP

2. TYPE OF REPORT

- [✓] INITIAL
- [ ] REVISION
- [ ] CLARIFICATION

3. CONTROL NUMBER (Leave Blank – Number to be assigned by NRC)

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

108 North Front St
PO Box 4178
KINGSTON, NY 12402

5. LICENSEE CONTACT

K. LINDQUIST

6. TELEPHONE NUMBER (Include Area Code)

914-331-8511

7. FACSIMILE NUMBER (Include Area Code)

914-331-8521

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)		
	RADIOGRAPHY ⇒	TRANSPORTATION QA PROGRAM APPROVAL NO. & REV. NO.		REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NOS.)	

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

ELECTRIC POWER RESEARCH INSTITUTE
3412 Hillview Ave.
Palo Alto, CA 94304

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

Breazeale Nuclear Reactor Facility
Pennsylvania State University
University Park, PA 16802

11. CLIENT TELEPHONE NUMBER (Include Area Code)

650-855-2788

12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK

K. LINDQUIST / M. Harris

13. WORK LOCATION TELEPHONE NUMBER (Include Area Code)

814-865-6351

14. DATES SCHEDULED

FROM: 5/22/95 TO: 8/22/95

15. NUMBER OF WORK DAYS: 15

16. LOCATION REFERENCE NUMBER

LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS. NUMBER TO BE ASSIGNED BY NRC.

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

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

Cf-252 sealed Source 10.1 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 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
2684-3943	New York	5/31/98	15

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 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.

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)	SIGNATURE	DATE
Kenneth O. LINDQUIST	Kenneth O. Lindquist	5/28/98

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NRC FORM 241 (6-96)

NRC FORM 241 (9-95) 10 CFR 150

U. S. NUCLEAR REGULATORY COMMISSION

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES

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NORTHEAST TECHNOLOGY CORP

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

108 North Front St
PO Box 4178
Kingston, NY 12402

2. TYPE OF REPORT

- [x] INITIAL
- [ ] REVISION
- [ ] CLARIFICATION

3. CONTROL NUMBER (Leave Blank – Number to be assigned by NRC)

5. LICENSEE CONTACT

K. Linoquist

6. TELEPHONE NUMBER (Include Area Code)

914-331-8511

7. FACSIMILE NUMBER (Include Area Code)

914-331-8521

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
X	PORTABLE GAUGES		OTHER (Specify)		
	RADIOGRAPHY ⇒	TRANSPORTATION QA PROGRAM APPROVAL NO. & REV. NO.		REGISTERED AS USER OF PACKAGINGS (CERTIFICATE OF COMPLIANCE NOS.)	

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

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K. Linoquist / M. Harris

13. WORK LOCATION TELEPHONE NUMBER (Include Area Code)

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14. DATES SCHEDULED

FROM: 5/22/95 TO: 8/22/95

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NRC FORM 241 (9-95)

NRC FORM 241 (6-95) 10 CFR 150

U. S. NUCLEAR REGULATORY COMMISSION

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Cf-252 sealed source 10.1 mCi

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Kenneth O. Lindquist	Kenneth O. Lindquist	5/28/98

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NRC FORM 241 (6-95)

TOTAL P.04