NRC FORM 591M PART 1 U.S. NUCLEAR REGULATORY COMMISSION						
10 CFR 2:201 SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION						
1. LICENSEE/LOCATION INSPECTED: 2. NRC/REGIONAL OFFICE						
GEOTILL, Inc.						
7732 Loma Court			Region III			
Fishers, IN 46038			U. S. Nuclear Regulatory Commission			
1 1511013, 111 +0050			2443 Warrenville Road, Suite 210			
			Lisle, IL 60532-4352			
REPORT NUMBER(S) 2022001						
3. DOCKET NUMBER(S)		4. LICENSE NUMBER	ER(S) 5. DATE(S) OF INSPECTION		ON	
030-38832		13-35236-01		May 24, 2022 with	in-office	
050 50052		15-55250-01		review through Jur	ne 8, 2022	
LICENSEE:						
The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Nuclear						
Regulatory Commission (NRC) rules and regulations and the conditions of your license. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, and observations by the inspector. The inspection findings are as follows:						
\mathbf{V} 1. Based on the inspection findings, no violations were identified.						
	 3. The violations(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, 					
non-repet	non-repetitive, and corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy, to exercise discretion, were satisfied.					
	Non-cited violation(s) were discussed involving the following requirement(s):					
 During this inspection, certain of your activities, as described below and/or attached, were in violation of NRC requirements and are being cited in accordance with NRC Enforcement Policy. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11. (Violations and Corrective Actions) 						
Statement of Corrective Actions						
I hereby state that, within 30 days, the actions described by me to the Inspector will be taken to correct the violations identified. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201 (corrective steps already taken, corrective steps which will be taken, date when full compliance will be achieved). I understand that no further written response to NRC will be required, unless specifically requested.						
TITLE	PRINTED NAME		SIGNATURE		DATE	
LICENSEE'S REPRESENTATIVE						
NRC INSPECTOR	Zahid Sulaiman, Health Physicist	Za	hid M. Sulaiman Digitally s Date: 202	igned by Zahid M. Sulaiman 2.06.13 10:40:10 -05'00'		
BRANCH CHIEF	Michael Kunowski, Chief, MIB	M	ichael A. Kunowski Digitally sign	ed by Michael A. Kunowski 6.16 12:17:23 -05'00'		

NRC FORM 591M PART 1 (07-2012)