

1. Name of Licensee (Person or firm proposing to conduct the activities described below)
The Harper Company

2. Type of Report
 Initial Change

3. Address of Licensee (Mailing address or other location where licensee may be located)
1648 Petersburg Road
P.O. Box 420
Hebron, KY 41048

4. Licensee Contact and Title
Mina Garas
Quality Control Administrator, RSO

5. Business Telephone Number
(859) 334-9460

5a. Business Cellular Telephone Number
(513) 200-5572

6. Business Facsimile Telephone Number
(859) 586-8891

7. Business E-mail Address
mgaras@harperco.com

8. Activities to be conducted under the general license given in 10 CFR 150.20

Well Logging Leak Testing and/or Calibrations Type of Service _____

Portable Gauge Other (Specify) _____

Radiography _____

Registered as user of packaging (Certificates of Compliance Numbers)

9. Client Name and Address (Include county, city, state and zip code)
Hamilton County Airport Authority
Indianapolis Executive Airport
11329 E. State Road 32
Zionsville, IN 46077

10. Actual physical address of work location (Street, Number or other location, GPS Coordinates if known)
11329 E. State Road 32 Zionsville, IN 46077

11. Client Business Telephone Number
Business Office: (317) 769-4487
Business Cell: _____

12. Work Location Telephone Number
Business Office: (859) 586-8890
Business Cell: (937) 402-7032

13. Dates Scheduled
From: 7/3/2023 To: 10/31/2023 Weekends: Yes No

14. Number of Work Days: 120 Days

15. Add: _____

16. Delete: _____

17. Location Refer. Num. (Assigned by NRC): 574360

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION IN ITEMS 10-17 ABOVE.

18. List Radioactive Material, which will be possessed, used, installed, serviced, or tested. (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)

Model Number: 3450

Device Type / Sealed Sources: Portable Density Gauge (SN 719)

Cs-137 (0.296 GBq), Am-241 (1.480 GBq)

19. Agreement State Specific License which authorizes the undersigned to conduct activities which are the same, except for location of use, as specified in item 10 above. (One copy of the specific license must accompany the initial NRC Form 241.)

License Number: 201-663-51

State: KY

Expiration Date: 05/31/2024

20. 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 instructions of this form; 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. With the exception of work conducted in off-shore waters, which is authorized for an unlimited period of time in the 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.

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.

Approved by RSO or Management Representative (Printed Name and Title): Mina Garas

Signature: *Mina Garas*

Date: 6/23/23

Total Usage - Days to Date: _____

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

Approved by (Typed/Printed Name and Title): Steven R. Courtemanche
Health Physicist

Signature: *Steven R. Courtemanche*

Date: 6/27/2023

Total Usage - Days to Date: 121

Non-Public Sensitive-Security Related
MD 3.4 Non-Public a.3

ADAMS ML # _____

Received June 23, 2023 Completed June 27, 2023 SRC