

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

NRC FORM 241 (9-99) 10 CFR 150 U.S. NUCLEAR REGULATORY COMMISSION REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES (Please read the instructions on the cover sheet before completing this form.)		APPROVED BY OMB: NO. 3150-0013 Estimated burden per response to comply with this mandatory information collection request: 18 minutes. This collection is required to that NRC may determine 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 reduction to the Information and Records Management Branch (7-6 P33), 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 this collection of information, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.	
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) Metallurgical Services Co.		2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION	
4. ADDRESS OF LICENSEE (Mailing address of other location where licensee may be located) 4102 Bishop Lane Louisville, Ky 40210		3. CONTROL NUMBER (Leave blank - Number to be assigned by NRC)	
5. 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 THERAPY/RADIATOR SERVICE PORTABLE GAUGES OTHER (Specify)		6. TELEPHONE NUMBER (Include Area Code) 7. FACSIMILE NUMBER (Include Area Code) 502-964-5000 502-964-5000	
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE GLOBE MECHANICAL 20 W 7th Street New Albany, Ind 47150		10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete as possible or directions as possible) SAME	
11. CLIENT TELEPHONE NUMBER (Include Area Code) 812-949-2001		12. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 812-949-2001	
13. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK MSC L1/L2 Radiographers		14. DATES SCHEDULED FROM 10-4-99 TO 10-31-99	
15. NUMBER WORK DAYS 12		16. LOCATION REFERENCE NUMBER (Leave blank for initial NRC Form 241 requests; number to be assigned by NRC) 001086	
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.			
17. LIST RADIOACTIVE MATERIAL, WHEN APPLICABLE, IN POSSESSION, USED, INSTALLED, SERVICED, OR TESTED IN NON-AGREEMENT STATES (Include description of use and quantity of radioactive material, source, isotope, or device to be used) 660A (AEA) models 752 (CIS-05) / Cobalt 60 (120ci) model A424-14 660B (AEA) models 752 (CIS-05) / Cobalt 60 (120ci) model A424-14			
18. AGREEMENT STATE SPECIFIC LICENSE NUMBER AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OR USE, AS SPECIFIED IN ITEMS 8, 14 OR 16 (Four copies of the specific license must accompany this initial NRC Form 241.)			
LICENSE NUMBER 201-593-05		STATE Kentucky	
EXPIRATION DATE 11-30-99		TOTAL USAGE DAYS TO DATE 139	
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 to 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.			
DESIGNED/ISSUED BY - AGO or Management Representative (Typed/Printed Name and Title) Ken Rogers / RSO - Level III		SIGNATURE Ken Rogers	
DATE 10-7-99		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 NRC FORM 241 (9-99)		ACTOR D.M. Heim, LAVDNMS	
SIGNATURE D.M. Heim		DATE 10/7/99	

Received in Region II NE 5
 10/7/99 cc R:III