

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

NRC FORM 241 (2-89) 10 CFR 150		U. S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0012 Estimated burden per response to comply with the mandatory information collection is approximately 15 minutes. This information is required so that NRC may schedule inspections 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 estimates to the Information and Records Management Branch (7-6 P03), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Paperwork Reduction Project (3150-0012), 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.		EXPIRES: 09/09/99 (Leave Blank - Number to be assigned by NRC)	
<b>REPORT OF PROPOSED ACTIVITIES                  IN NON-AGREEMENT STATES</b> (Please read the instructions on the cover sheet before completing this form.)				2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION		3. CONTROL NUMBER (Leave Blank - Number to be assigned by NRC)	
1. NAME OF LICENSEE (Printed or first proposed to conduct the activities described below) <b>Metallurgical Services Co.</b>				5. LICENSEE CONTACT <b>Ken Rogers</b>		7. FACSIMILE NUMBER (Include Area Code) <b>502-964-5000</b>	
4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) <b>4102 Bishop Lane                  Louisville, Ky 40210</b>				6. TELEPHONE NUMBER (Include Area Code) <b>502-964-5000</b>		8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20 <input type="checkbox"/> WELL LOGGING <input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELETHERAPY/RADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify)	
<input checked="" type="checkbox"/> RADIOGRAPHY ⇒ TRANSPORTATION OR PROGRAM APPROVAL NO. 1 REV. NO. <b>Per 902KR100</b>				REGISTERED AS USER OF RADIOGRAPHS (CERTIFICATE OF COMPLIANCE NOS) <b>USA/9033(BU) USA/9035(BU)</b>			
9. CLIENT NAME, ADDRESS, CITY/STATE, ZIP CODE <b>IKEC (Clifty Creek)                  MADISON, IND. 47250</b>				10. WORK LOCATION ADDRESS (Street and Number or other location. OMB No. complete on orders or drawings as applicable)			
11. CLIENT TELEPHONE NUMBER (Include Area Code) <b>812-265-8720</b>		12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK <b>MSC LITL Radiographers</b>		13. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <b>812-265-8720</b> <b>EVONNE GRAY/TERRY YOUNG</b>			
14. DATES SCHEDULED FROM <b>9-24-99</b> TO <b>10-24-99</b>		15. NUMBER OF WORK DAYS <b>21</b>		16. LOCATION REFERENCE NUMBER <b>001088</b>			
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.							
17. LIST RADIOACTIVE MATERIAL, WHICH WILL, AS POSSIBLE, BE USED, INSTALLED, SERVICED, OR TESTED IN NON-AGREEMENT STATES (Include description of type and quantity of radioactive material, source numbers, or services to be used.) <b>6808 (AEA) 6608 (AEA) 6608 (AEA) 702 (CSIS-V-3) 6808 (AEA) / Cobalt 60 2120ci Model A424-14</b>							
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 <b>201-593-05</b>		STATE <b>Kentucky</b>		EXPIRATION DATE <b>11-30-99</b>		TOTAL LICENSE DAYS TO DATE <b>127 1d3</b>	
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 and of 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 (Type/Print name and title) <b>Ken Rogers / RSO - Level III</b>				SIGNATURE <b>Ken Rogers</b>		DATE <b>10-5-99</b>	
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 TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.							
FOR NRC USE ONLY		D.M. Heim, LA/DNMS		SIGNATURE <b>D.M. Heim</b>		DATE <b>10/5/99</b>	

Received in Region II NRC 5  
 10/5/99 cc DTH