

RADIOLOGICAL DOSIMETRY SERVICE, INC.

PHONE: 919/489/4058

FAX: 919/489/0317

FACSIMILE TRANSMITTAL SHEET

TO: Diane M. Heim	FROM: Conrad Knight
COMPANY: USNRC	DATE: 10/18/99
FAX NUMBER: 404-562-4955	TOTAL NO. OF PAGES INCLUDING COVER: 2
PHONE NUMBER: 404-562-4723	SENDER'S REFERENCE NUMBER:
RE: NRC Form 241	YOUR REFERENCE NUMBER:

URGENT
 FOR REVIEW
 PLEASE COMMENT
 PLEASE REPLY
 PLEASE RECYCLE

NOTES/COMMENTS

It is requested that the enclosed Form 241 (No. 001185) add the following dates on which the Tc-99m may be used:

- October - 23, 30
- November - 6, 13, 20, 27
- December - 4, 11, 18

Thank you for your help.

LRN # 001185
Total Days 12
Fed. Med. Center
Rutner, NC

Received in Ion II NEDS
10/18/99 cc R

Received in Ion II NEDS

D.M. Heim 10/18/99

D.M. Heim, LA/DNMS

USNRC REGION II - MATERIALS LICENSING/INSPECTION DIVISIONS (FOR 404-562-4955) (VERIFY 404-562-4723)

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.

1. NAME OF LICENSEE OR OTHER ENTITY TO WHICH LICENSE APPLIES
Radiological Diagnostic Service

2. ADDRESS OF LICENSEE, INCLUDING STREET AND OTHER ADDRESS INFORMATION
**Po Box 2962
 Durham, NC 27715**

3. NAME OF APPLICANT
General M Knight

4. LICENSE NUMBER
104-024-4487 104-024-0317

5. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 17.35

WELD LEADING	LEAD TESTING AND/OR CALIBRATIONS	TELETERAPY WORKDAY/24 HOURS SERVICE
PORTABLE SAUCER	OTHER (SEE INSTRUCTIONS)	
RADIOGRAPHY	Description of proposed activity, as shown in the instructions at the back of this form, and the number of locations of such activities.	

6. CLIENT NAME, ADDRESS, EFFICIENCY STATE AND ZIP CODE
**Flin too, Inc
 3447 Concordia St
 Memphis, TN 38116**

7. WORK LOCATION ADDRESS (City and State of each location. Do not include street or address of client.)
**Federal Medical Center
 Old NC Highway 75
 Durham, NC 27507**

8. CLIENT TELEPHONE NUMBER
901-876-1746

9. WORK LOCATION TELEPHONE NUMBER (If different from client.)
**C Knight, D. Longmeyer
 919-489-5750**

10. DATES SCHEDULED

9/25/99	9/27/99	1
10/2/99	10/2/99	1
10/9/99	10/9/99 (optional)	1

11. LOCATION IDENTIFICATION NUMBER
001185

12. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 6-10 ABOVE.

13. DESCRIPTION OF WORK, INCLUDING THE DESCRIPTION OF THE ACTIVITY TO BE CONDUCTED UNDER THE GENERAL LICENSE FOR LOCATION OF WORK, AS SHOWN IN ITEM 6 ABOVE. (For details of the license limits, see instructions on cover sheet 104-024-0317.)
Tc 99m 300mCi liquid

14. CONTACT NUMBER
033-8330-1

15. STATE
NC

16. DATE OF REPORT
9/20/99

17. SIGNATURE OF APPLICANT
General M Knight

18. SIGNATURE OF LICENSEE
[Signature]

19. DATE
9/20/99

20. FOR NRC USE ONLY

21. D.M. Heim, LA/DNMS

22. DATE
9/21/99

Received in Region II HQ 5
9/20/99 CC RL