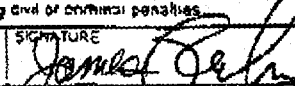


USNRC REGION II - MATERIALS LICENSING/INSPECTION BRANCHES (FAX 404-562-4955) (VERIFY 404/562-4723)

NRC FORM 211 12412 (6-89) 10 CFR 150 U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB NO. 3126-0811 Estimate burden for reviewing in comply with the mandatory administrative information request 16 minutes. This estimate is required so that NRC may schedule appropriate of the resources to ensure that they are completed in accordance with requirements for protection of the public health and safety. Persons concerned regarding burden estimates for the information and Records Management Branch (7-6 F23), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Paperwork Reduction Project (3126-0811), 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.	
<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 INITIAL _____ REVISION _____ CLARIFICATION _____	3. CONTROL NUMBER (Leave Blank - Number to be assigned by NRC)
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) <b>LAW ENGINEERING</b>		5. LICENSEE CONTACT <b>JAMES PERKINS</b>	
4. ADDRESS OF LICENSEE (Mailing address or other address where notices may be received) <b>1000 BUSINESS CENTER DRIVE SUITE 90 SAVANNAH, GA 31405</b>		6. TELEPHONE NUMBER (Include Area Code) <b>912-235-3888</b>	7. FACSIMILE NUMBER (Include Area Code) <b>912-234-1749</b>
8. 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	TELETHERAPY/RADIATOR SERVICE	
PORTABLE GAUGES	OTHER (Specify)		
RADIOGRAPHY =	TRANSPORTATION OR PROGRAM APPROVAL NO. & REV. NO. <b>GA-952-1</b>	REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NOS) <b>SPECIAL FORM N.O.S. UN2914 RR</b>	
9. CLIENT NAME ADDRESS CITY/COUNTY STATE ZIP CODE <b>FHP 1701 SOUTH 8TH ST. ST. JOSEPH, MISSOURI 64502</b>		10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete as address or directions as possible) <b>56. HUNTER ARMY AIR BASE SAVANNAH, GA</b>	
11. CLIENT TELEPHONE NUMBER (Include Area Code) <b>912-354-8999 (HWP)</b>		12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK <b>MARK DESJUNIS / JAMES PERKINS</b>	
13. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <b>912-235-3651</b>		14. DATES SCHEDULED FROM <b>10-12-99 (4PM)</b> TO <b>10-16-99 (4PM)</b>	
15. NUMBER OF WORK DAYS <b>4</b>		16. LOCATION REFERENCE NUMBER <b>001132</b>	
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.			
17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED USED INSTALLED SERVICED OR TESTED IN NON-AGREEMENT STATES (Include description of type and quantity of radioactive material, source, isotopes, or device to be used) <b>IR192 72 CURIES SOURCE # 001076</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 ITEMS 8 ABOVE (Four copies of the specific license must accompany the initial NRC Form 211)			
LICENSE NUMBER <b>GA 952-1</b>	STATE <b>GA</b>	EXPIRATION DATE <b>10/31/2003</b>	TOTAL USAGE DAYS TO DATE <b>6 DAYS 13</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 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.			
CERTIFYING OFFICER - NRC or Management Representative (Typed/Printed Name and Title) <b>JAMES PERKINS</b>		SIGNATURE 	DATE <b>10-12-99</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 OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.			
FOR NRC USE ONLY		AUTHORIZING OFFICIAL (Typed/Printed Name and Title) <b>M. S. Lösser, Chief, MLIB2</b>	DATE <b>12/12/99</b>

NRC FORM 211 (8-96)

Received 11/12/99

Received in Region II NE05  
484 562 4955  
11/12/99  
PAGE 02  
cc R/L

MAR 17 1999 10:10

OCT 12 1999 09:45 FR LAW EN-GNU SAVANNAH 912 234 1749 TO 1016636140456249 P.02/02

**LAW**

**LAWGIBB Group Member** 

**FACSIMILE TRANSMITTAL SHEET**

**LAW ENGINEERING & ENVIRONMENTAL SERVICES, INC.**

**1000 Business Center Drive, Suite 90, Savannah, GA 31405**

**PO Box 1705, Savannah, GA 31402**

**phone -(912)238.3888 fax - (912)234.1749**

To: DIANE HEIM From: James Beckner

Company: USNRC Date transmitted: 10-17-99

Fax Number: 404-562-4955 Telephone (912) 238-3888

Subject: RT- HUNTER AIR BASE Fax Number (912)-234-1749

No. pages transmitted (incl. cover) 2 Hard Copy to Follow: Yes No

CC: \_\_\_\_\_

Urgent  For Review  Please Comment  Please Reply  Please Recycle

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONFIDENTIALITY NOTICE:** This message is intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via the U.S. Postal Service. Thank you.

If transmission is not received in good order, please call \_\_\_\_\_

file:..\\groups\common\forms\fax-form