

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

NRC FORM 241 - 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 **EXPIRES: 6/30/99**
 Estimated burden per response to comply with this mandatory information collection request: 18 minutes. This collection 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 estimate to the Information and Records Management Branch (7-6 F33), 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, 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 perform the activities described below)
 Geosciences, Inc.

2. TYPE OF REPORT
 INITIAL
 REVISION
 CLARIFICATION

3. CONTROL NUMBER (Leave Blank - Number to be assigned by NRC)

4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
 3202 Gillionville Road
 Albany, GA 31707
 Taxpayer ID #58-1951558

5. LICENSEE CONTACT
 Jerry E. Humphries (RSO)

6. TELEPHONE NUMBER (Include Area Code)
 (912) 432-5805

7. FACSIMILE NUMBER (Include Area Code)
 (912) 432-7018

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"/> THERAPY/RADIATOR SERVICE
<input checked="" type="checkbox"/> PORTABLE GAUGES	<input checked="" type="checkbox"/> OTHER (Specify): Soil Moisture/Density and Asphalt Density	
<input type="checkbox"/> RADIOGRAPHY	<input type="checkbox"/> TRANSPORTATION OR PROGRAM APPROVAL, NO. 2 REV. 03	<input type="checkbox"/> REGISTERED AS USER OF "AGREEMENT STATE" PARTICIPATION OF COMPLIANCE ACTS

9. CLIENT NAME, ADDRESS, CITY, COUNTY, STATE, ZIP CODE
 Bell Constructors (Project Mailing)
 P.O. Box 3066
 Warner Robins, GA 31099

10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or direction as possible)
 B-1 Bed Down Project
 Warner Robins Air Force Base
 Warner Robins, Georgia

11. CLIENT TELEPHONE NUMBER (Include Area Code)
 (912) 923-0992

12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK (Include Area Code)
 T. Croft, C. Mathis, C. Allen, K. Lawrence

13. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
 (912) 923-0992

14. DATES SCHEDULED

FROM	TO	NO. OF WORK DAYS	15. LOCATION REFERENCE NUMBER (Leave Blank for Initial NRC Form 241 Requests Number to be Assigned by NRC)
Sept 13, 1999	Sept 17, 1999	5	000219

17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED IN NON-AGREEMENT STATES (Specify description of type and quantity of radioactive material, as well as source, or device to be used.)
 Not Applicable

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 (Specify license or U.S. specific license received through the initial NRC Form 241)

LICENSE NUMBER GA 1211-1	STATE Georgia	EXPIRATION DATE 7-31-2001	TOTAL USING DAYS TO DATE 172
------------------------------------	-------------------------	-------------------------------------	--

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- All information in this report is true and complete.
- 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.
- 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.
- I understand that I may be inspected by NRC at the above listed work site location 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.
- 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.

CERTIFICATE OFFICER - NRC or Management Representative (Print Name and Title) **SIGNATURE** **DATE**
 William Zing *Lab Manager* *William Zing* 9/9/99

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 **NO.** **SIGNATURE** **DATE**
 M.S. Lesser, MLIB2/DNMS *M.S. Lesser* 9/9/99

Received in Region II NE 5
9/9/99 cc R