

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

<b>NRC FORM 241</b> U. S. NUCLEAR REGULATORY COMMISSION <b>REPORT OF PROPOSED ACTIVITIES</b> <b>IN NON-AGREEMENT STATES</b> <i>(Please read the instructions on the cover sheet before completing this form.)</i>		APPROVED BY OMB: NO. 3150-0013 Estimated burden per response to comply with the mandatory information collection request 16 minutes. This reduction 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 Reports Management Branch (7-6 PDR), 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.	
<b>1. NAME OF LICENSEE</b> (Person or firm proposing to conduct the activities described below) <i>Derby City Inspection</i>		<b>2. TYPE OF REPORT</b> <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION	
<b>3. ADDRESS OF LICENSEE</b> (Mailing address or other location where licensee may be reached) <i>A340 Sanita Court Ste A          Louisville KY 40213</i>		<b>5. LICENSEE CONTACT</b> <i>KEN CLAYPOOL</i> <b>6. TELEPHONE NUMBER</b> (Include Area Code) <i>502 451 2805</i>	
		<b>7. FACSIMILE NUMBER</b> (Include Area Code) <i>502 485 1535</i>	
<b>8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20</b>			
<input type="checkbox"/> WELL LOGGING		<input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS	
<input type="checkbox"/> PORTABLE GAUGES		<input type="checkbox"/> TELETHERAPY/RADIATOR SERVICE	
<input checked="" type="checkbox"/> RADIOGRAPHY $\Rightarrow$		<input type="checkbox"/> TRANSPORTATION OR PROGRAM APPROVAL NO & REV NO <i>NO LONGER APPLICABLE</i>	
<b>9. CLIENT NAME ADDRESS CITY/COUNTY STATE ZIP CODE</b> <i>Trans Montana          20 Jackson Street          New Albany IN 47150</i>		<b>10. WORK LOCATION ADDRESS</b> (Street and Number or other location. Give as complete an address or directions as possible) <i>SAME</i>	
<b>11. CLIENT TELEPHONE NUMBER</b> (Include Area Code) <i>812 249 2458</i>		<b>12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK</b> <i>MARK WADE</i>	
		<b>13. WORK LOCATION TELEPHONE NUMBER</b> (Include Area Code) <i>812 249 2458</i>	
<b>14. DATES SCHEDULED</b> FROM <i>8/26/99</i> TO <i>8/26/99</i>		<b>15. NUMBER OF WORK DAYS</b> <i>1</i>	
		<b>16. LOCATION REFERENCE NUMBER</b> <i>001058</i>	
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.			
<b>17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED USED INSTALLED SERVICED OR TESTED IN NON-AGREEMENT STATES</b> <i>Ir 192 Amersham Mod A24-9 S/N D0637 Camera Mod 660B S/N B2122</i>			
<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</b> (Four copies of the specific license must accompany the initial NRC Form 241)			
<b>LICENSE NUMBER</b> <i>201-523-05 AM25</i>		<b>STATE</b> <i>KY</i>	
		<b>EXPIRATION DATE</b> <i>5-31-2000</i>	
		<b>TOTAL USAGE DAYS TO DATE</b> <i>34</i>	
<b>19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</b>			
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.			
<b>CERTIFYING OFFICER - RSO or Management Representative (Type/Printed Name and Title)</b> <i>JAMES E BENNETT, President</i>		<b>SIGNATURE</b> <i>James E Bennett</i>	
		<b>DATE</b> <i>8/26/99</i>	
<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.</b>			
<b>FOR NRC USE ONLY</b>		<b>SIGNATURE</b> <i>D.M. Heim</i>	
<b>AUTHORIZING:</b> D.M. Heim, LA/DNMS		<b>DATE</b> <i>8/26/99</i>	

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ENCLOSURE 7