

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: 08/99**
Estimated burden per response to comply with the regulatory information collection request: 10 minutes. This information is required so that NRC may schedule inspection 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 (T-6 P38), U.S. Nuclear Regulatory Commission, Washington, DC 20540-0001, 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 conduct the activities described below)
Derby City Inspection

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 reached)
4340 Sanita Court Ste A
Louisville KY 40213

5. LICENSEE CONTACT
KEN CLAYPOOL

6. TELEPHONE NUMBER (Include Area Code)
502 451 2805

7. FACSIMILE NUMBER (Include Area Code)
502 485 1535

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	TELE THERAPY/RADIATOR SERVICE
PORTABLE GAUGES	OTHER (Specify)	
<input checked="" type="checkbox"/> RADIOGRAPHY _{LI} ⇒	TRANSPORTATION OR PROGRAM APPROVAL NO & REV NO NO LONGER APPLICABLE	REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NOS.) USA/9033/B(4) Type B(4)

9. CLIENT NAME ADDRESS, CITY/COUNTY, STATE, ZIP CODE
Trans Montane
20 Jackson Street
New Albany IN 47150

10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible)
SAME

11. CLIENT TELEPHONE NUMBER (Include Area Code)
812 249 2458

12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK
MARK WADE

13. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
812 249 2458

14. DATES SCHEDULED

FROM	TO	NUMBER OF WORK DAYS	18. LOCATION REFERENCE NUMBER
8/26/99	8/26/99	1	001058

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, sealed sources, or devices to be used)
Ir 192 Amersham Mod A24-9 S/N D0637 Camera Mod 660B S/N B2122

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 201-523-05A25	STATE KY	EXPIRATION DATE 5-31-2000	TOTAL USAGE DAYS TO DATE 34
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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 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.
- 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 in Management Representative (Type/Printed Name and Title)
James E Bennett, President

SIGNATURE
James E Bennett

DATE
8/26/99

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

AUTHORIZING: D.M. Heim, LA/DNMS

SIGNATURE
D.M. Heim

DATE
8/26/99

REGISTRATION NO. in Region II - NB 5
8/26/99

cc R.III

ENCLOSURE 7