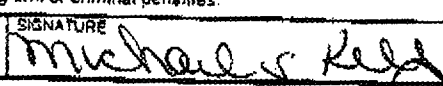
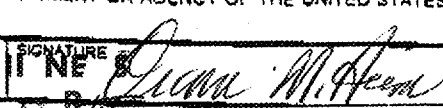


USNRC REGION II - MATERIALS LICENSING/INSPECTION BRANCHES (FAX 404-562-4955) (VERIFY 404-562-4732)

NRC FORM 241 <small>(8-99)</small> 10 CFR 150		U. S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013 <small>Expires: 6/30/99</small> Estimated burden per response to comply with this mandatory information collection request: 16 minutes. This notification is required so that NRC may schedule inspection of the applicant 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-8 F-33), 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.	
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES (Please read the instructions on the cover sheet before completing this form.)					
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) Daves & Kelly, Inc. d.b.a. A. Jacobson & Associates			2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> 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) PO Box 14748 Louisville, KY 40214			5. LICENSEE CONTACT Michael S. Kelly		6. TELEPHONE NUMBER (include Area Code) (502) 485-0457
			7. FACSIMILE NUMBER (include Area Code) (502) 381-2486		
8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20					
WELL LOGGING <input type="checkbox"/>	<input checked="" type="checkbox"/>	LEAK TESTING AND/OR CALIBRATIONS	TELETHERAPY/RADIATOR SERVICE		
PORTABLE GAUGES <input type="checkbox"/>	<input checked="" type="checkbox"/>	OTHER (Specify) Dose Calibrator QC			
RADIOGRAPHY <input type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION QA PROGRAM APPROVAL NO. & REV. NO.	REGISTERED AS USER OF PACKAGINGS (CERTIFICATES OF COMPLIANCE NOS.)		
9. CLIENT NAME ADDRESS CITY/COUNTY STATE ZIP CODE See Attached			10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible) See Attached		
11. CLIENT TELEPHONE NUMBER (include Area Code)		12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK Mike Kelly and Jodi Daves		13. WORK LOCATION TELEPHONE NUMBER (include Area Code)	
14. DATES SCHEDULED		15. NUMBER OF WORK DAYS		16. LOCATION REFERENCE NUMBER	
FROM See Attached client list		TO See Attached client list		LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS NUMBER TO BE ASSIGNED BY NRC On attached client list	
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, sealed sources, or devices to be used) CO-57, Cs-137 and Ba-133 E-vial sources, CO-57 flood sources, Generally Lic. Sources					
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 201-175-55		STATE Kentucky		EXPIRATION DATE March 31, 2000	
				TOTAL LICENSE DAYS TO DATE 7	
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 - RSO or Management Representative (Typed/Printed Name and Title) Michael S. Kelly, President			SIGNATURE 		DATE 9/13/99
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		AUTHOR: D.M. Heim, LA/DNMS		SIGNATURE: 	
		RECEIVED IN: 9/14/99		DATE: 9/13/99	

ATTACHMENT TO FORM 241

1999 Client List

#9 and 10 Client Name	Address	Date Worked	Date Scheduled	NRC LRN
Kings Daughter's Hospital	One King's Daughters' Way Madison, IN 47250	3/12/99	9/23/99	000509 ✓
Medical Center of Southern Indiana	2200 Market Street Charlestown, IN 47111	3/12/99	9/23/99	000510 ✓
Harrison County Hospital	Corydon, IN	5/22/99		000845
Washington County Memorial Hospital	Salem, IN	4/17/99		000813
Scott County Hospital	Scottsburg, IN	4/17/99		000814
Clark Memorial Hospital	Jeffersonville, IN	6/15/99		000933
River City Cardiology	207 Sparks Ave, Suite 104 Jeffersonville, IN 47130	4/15/99		000811
ESSROC Materials	Speed Plant, Hwy 31 North Speed, Indiana 47172	5/26/99		000846

Form 241;

Item 10: Work Location same as mailing address

Item 11 & 13: Not available at this time

Note: USNRC will be notified by facsimile transmission 3 days prior to the work date if/when dates of work are determined for these facilities.

Revised 09/13/1999

FAX**Date** September 13, 1999**Number of pages including cover sheet** 3**TO:** Diane Heim
Nuclear Materials
Safety Section
USNRC, Region II**Phone****Fax Phone** (404) 562-4955**FROM:** Michael S. Kelly
Daves and Kelly, d.b.a.
Ahren Jacobson &
Associates
PO Box 14748
Louisville, KY 40214**Phone** (502) 485-0457**Fax Phone** (502) 361-2486**CC:****REMARKS:** Urgent For your review Reply ASAP Please Comment

Ms. Heim,

This is to notify you that I plan to perform licensed activities at King's Daughters' Hospital, Madison, IN and at Medical Center of Southern Indiana, Charlestown, IN on September 23, 1999. Included in this fax is an NRC 241 form as requested. Please FAX the response to (502) 361-2486. If there are any further clarifications, please call me at (502) 852-5231.