

NRC FORM 241 (7-1998)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 5155-0043 EXPIRES: 07/31/2002
Estimated burden per response to comply with this mandatory collection request: 15 minutes. This notification 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. Send comments regarding burden estimates to the Records Management Branch (7-6 EA) U.S. Nuclear Regulatory Commission, Washington, DC 20585-0081, or by internet e-mail to b7c1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOR-10202, (3150-0012), Office of Management and Budget, Washington, DC 20503. If a phone used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS

(Please read the Instructions before completing this form)

1. NAME OF LICENSEE (Person or Firm proposing to conduct the activities described below) <i>Duck City Laxation, Inc.</i>		2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION	
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) <i>4340 Sanita Cr., Suite-A Louisville, KY 40213</i>		4. LICENSEE CONTACT AND TITLE <i>Heather L. Chynoweth - P.S.O.</i>	
		5. TELEPHONE NUMBER (Include Area Code) <i>(602) 451-2805</i>	6. FACSIMILE NUMBER (Include Area Code) <i>(502) 485-1575</i>

7. ACTIVITIES TO BE CONDUCTED 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 → REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBER)
USA 1925310(W)-85 Type B(U)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE <i>TRANS Montana 20 JACKSON STREET New Albany IN 47150</i>		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number of client location. Give as complete an address or direction as possible.) <i>TRANS Montana 20 JACKSON STREET New Albany IN 47150</i>	
10. CLIENT TELEPHONE NUMBER (Include Area Code) <i>912 849 2458</i>		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <i>912 849 2458</i>	

12. DATE SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM: <i>11-10-99</i>	TO: <i>11-10-99</i>	<i>1</i>		<i>001058</i>

17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Provide description of type and quantity of radioactive material, sealed source, or device to be used.)
*In 192-42.0Ci Mod-42491/N-00637 AEA QSA-Source
Cesium Amersham Mod #660B-3/N-13212*

18. NON-AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE BASIS FOR LOCATION OF USE, AS SPECIFIED IN ITEM 3 ABOVE. (Four copies of the specific license must accompany this initial NRC Form 241.)	LICENSE NUMBER <i>201-523-05</i>	STATE <i>NY</i>	EXPIRATION DATE <i>5-31-2000</i>
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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 instructions of this form; 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. With the exception of work conducted in off-shore waters, which is authorized for an unlimited period of time in the 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 understand that conduct of any activities not described above, including conduct of activities on sites or locations different from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.

CERTIFYING OFFICER - (RSC or Management Representative (Name and Title)) <i>Heather L. Chynoweth - P.S.O.</i>	SIGNATURE <i>Heather L. Chynoweth</i>	DATE <i>11-9-99</i>
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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 report to any agency of the United States as to any matter within its jurisdiction.

FOR NRC USE ONLY	REV D.M. Heim, LA/DNMS	SIGNATURE <i>D.M. Heim</i>	DATE <i>11/10/99</i>	TOTAL USAGE - DAYS TO DATE <i>10</i>
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USNRC Region II - Atlanta GA FAX (404) 562-4950 VERIFY (404) 562-4120

Received in 11/10/99

PDR STPRG

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