

USNRC REGION II - MATERIALS LICENSING/INSPECTION BRANCHES (FAX 404-562-4955) (VERIFY 404/562-4723)

NRC FORM 211
 (6-99)
 10 CFR 150

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

Estimated portion for response to comply with the mandatory environmental assessment request is 18 minutes. The Commission is required to ensure that all NRC staff members responsible for the review of this report are provided with the information and records necessary to make the assessment. For more information regarding burden estimates for the information and Records Management Branch (1-6 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 planning to conduct the activities described below): LAW ENLARGING		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)		5. LICENSEE CONTACT JAMES PERKINS	
6. TELEPHONE NUMBER (Include Area Code): 912-235-3858		7. FACSIMILE NUMBER (Include Area Code): 772-234-1749	

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)	
RADIOGRAPHY =	TRANSPORTATION OR PROGRAM APPROVAL NO & REV NO GA-952-1	REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NOS) SPECIAL FORM N.O.S. UN 2974 RQ

9. CLIENT NAME ADDRESS CITY/COUNTY STATE ZIP CODE FHP 1701 SOUTH 8TH ST. ST. JOSEPH, MISSOURI 64502	10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible) Hunter
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11. CLIENT TELEPHONE NUMBER (Include Area Code) 912-354-8999	12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK MIKE GRESS - DAVID EVANS	13. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 912-354-8999
14. DATES SCHEDULED FROM 11-10-99 TO 11-10-99		15. NUMBER OF WORK DAYS 1
16. LOCATION REFERENCE NUMBER LEAVE BLANK FOR INITIAL NRC FORM 211 REQUESTS NUMBER TO BE ASSIGNED BY NRC 001134		

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, source number, or device to be used)
FR192 55 CURIES SOURCE # D01076

18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF USE AS SPECIFIED IN ITEMS 8 ABOVE (Four copies of the license license must accompany this NRC Form 211.)

LICENSE NUMBER GA 952-1	STATE GA	EXPIRATION DATE 10/31/2003	TOTAL USAGE DAYS TO DATE
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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 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 or Management Representative (Typed/Printed Name and Title) SIGNATURE DATE
JAMES PERKINS *James Perkins* **11-8-99**

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	AUTH: D.M. Heim, LAD/NMS	SIGNATURE: <i>D.M. Heim</i>	DATE: 11/8/99
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Enclosure 6