

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES

(Please read the instructions on the cover sheet before completing this form.)

Estimated burden per response to comply with this mandatory information collection request: 15 minutes. This notification is required so that NRC may schedule inspection of the facilities 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 (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 proposing to conduct the activities described below)		2. TYPE OF REPORT		2. CONTROL NUMBER (Leave Blank - Number to be assigned by NRC)	
RONAN ENGINEERING COMPANY		INITIAL			
		REVISION			
4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)		<input checked="" type="checkbox"/> CLARIFICATION			
8050 PRODUCTION DRIVE FLORENCE, KY. 41042		5. LICENSEE CONTACT		LARRY BAKER	
		6. TELEPHONE NUMBER (Include Area Code)		7. FACSIMILE NUMBER (Include Area Code)	
		606-342-8500		606-342-6426	

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/IRRADIATOR SERVICE
PORTABLE GAUGES	OTHER (Specify) X PERFORM WIPE TEST & CHECK-OUT 1 DENSITY GAGE	
RADIOGRAPHY →	TRANSPORTATION QA PROGRAM APPROVAL NO. & REV. NO.	
REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NOS.)		

9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE		10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible.)	
WEST SHORE PIPELINE BELL STATION 1290 BELL ROAD LEMONT, IL 60439		WEST SHORE PIPELINE 1901 E. COLLEGE AVE. OAK CREEK, WI 53154	
11. CLIENT TELEPHONE NUMBER (Include Area Code)	12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK	13. WORK LOCATION TELEPHONE NUMBER (Include Area Code)	
630-257-3742	DAN PALLO	SAME	

14. DATES SCHEDULED		15. NUMBER OF WORK DAYS	16. LOCATION REFERENCE NUMBER
FROM	TO		LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS NUMBER TO BE ASSIGNED BY NRC
11/9	11/11/99	3	001373

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, amount, quantity, or device to be used)

3M MODEL 4F65, CS-137 1000mCi, SERNO. M0937, RONAN SA2-C5 SOURCE HOLDER

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. (First copy of the specific license must accompany the form NRC Form 241)

LICENSE NUMBER	STATE	EXPIRATION DATE	TOTAL USAGE DAYS TO DATE
20I-260-95	KENTUCKY	SEPT. 30,	40

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 printed on the cover sheet of this form and I understand that I am required to comply with these provisions as to all equipment, sources, 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 - CEO or Management Representative (Specify Name and Title)	SIGNATURE	DATE
LARRY BAKER, FIELD SERVICE	Larry Baker	11/05/99

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, LAVDNMS	SIGNATURE	DATE
		Diane Heim	11/8/99

PDR STPRG

Received in Region II NE05

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