

NRC FORM 241
(5-89)
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.)

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)

RONAN ENGINEERING COMPANY

4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)

**8050 PRODUCTION DRIVE
FLORENCE, KY. 41042**

APPROVED BY OMB: 40,146-0043
Estimated burden per response to comply with this mandatory information collection request: 15 minutes. This collection is required so that NRC may schedule inspections 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 (1-6 P33), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Paperwork Reduction Project (150-0013), 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.

2. TYPE OF REPORT

INITIAL
REVISION
 CLARIFICATION

3. CONTROL NUMBER
(Leave Blank - Number to be assigned by NRC)

5. LICENSEE CONTACT

LARRY BAKER

6. TELEPHONE NUMBER
(Include Area Code)

606-342-8500

7. FACSIMILE NUMBER
(Include Area Code)

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 RADIATOR SERVICE
PORTABLE GAUGES	<input checked="" type="checkbox"/> OTHER (Specify) PERFORM WIPE TEST & CHECK-OUT 2 DENSITY GAGES	
RADIOGRAPHY =>	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

**WEST SHORE PIPELINE
BELL STATION
1290 BELL ROAD
LEMONT, IL 60439**

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

**WESTSHORE PIPELINE
(SEE ATTACHMENT FOR STREETS)
FRANKLIN, WI**

11. CLIENT TELEPHONE NUMBER
(Include Area Code)

630-257-3742

12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK

DAN PALLO

13. WORK LOCATION TELEPHONE NUMBER
(Include Area Code)

SAME

14. DATES SCHEDULED

FROM	TO	15. NUMBER OF WORKDAYS	16. LOCATION REFERENCE NUMBER
11/9	11/11/99	3	LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS NUMBER TO BE ASSIGNED BY NRC #1 - 001001 #2 - 001002

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.)

SEE ATTACHMENT

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	STATE	EXPIRATION DATE	TOTAL USAGE DAYS TO DATE
201-260-95	KENTUCKY	SEPT. 30,	

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 provisions of the general license 10 CFR 150.20 required on the cover sheet of this form set, and I understand that I am required to comply with these provisions as to all inspection, 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 or Management Representative (Typed/Printed Name and Title)

LARRY BAKER, FIELD SERVICE

SIGNATURE

Larry Baker

DATE

11/5/99

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

APPROVED

D.M. Heim, LADNMS

SIGNATURE

Diane O. Heim

DATE

11/8/99

Received in Region II NRC
11/8/99 es R/LL
PDR ST PRG



Information for Reciprocity for Source Holder Servicing:

S.O. # _____

Field Service Engineer: _____

Scheduled Service Dates: 11/9-11/99

Description of Activity: WIPE TEST & CHECK-OUT 2 DENSITY GAGES

Company Name: WEST SHORE PIPELINE

Address: #1) 3030 122 ND STREET #2) 11600 W. FOREST HOME
FRANKLIN, WI 53126 FRANKLIN, WI 53132

Contact Name: DAN PALLO

Phone: 630-257-3742

#1-001331
#2-00180h

Source Information:

	#1	#2
Sealed Source (Model #):	<u>4F65</u>	<u>4F65</u>
Radioisotope:	<u>CS-137</u>	<u>CS-137</u>
Manufacturer:	<u>3M</u>	<u>3M</u>
Authorized Use:	<u>DENSITY</u>	<u>DENSITY</u>
Sealed Source Serial #:	<u>M0936</u>	<u>M2154</u>
Activity:	<u>1000 mCi</u>	<u>1000 mCi</u>
Source Holder:	<u>SA1-C5</u>	<u>SA1-C5</u>