

NRC FORM 241 (8-98) 10 CFR 150		U. S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013 Estimated burden per response to comply with this mandatory information collection (includes 18 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. Forward comments regarding burden estimate to the Information and Records Management Branch (T-4 P33), 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.		EXPIRES: 8/30/98			
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES (Please read the instructions on the cover sheet before completing this form.)				2. TYPE OF REPORT INITIAL REVISION <input checked="" type="checkbox"/> CLARIFICATION		3. CONTROL NUMBER (Leave Blank - Number to be assigned by NRC)			
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) Radiometric (formerly measurex/DMC)		4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 15810 Gaither Drive Gaithersburg, MD 20877		5. LICENSEE CONTACT Michael A. Norbury, Jr.		6. TELEPHONE NUMBER (Include Area Code) 301-948-2450 x 223		7. FACSIMILE NUMBER (Include Area Code) 301-840-8371	
B. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20									
<input type="checkbox"/> WELL LOGGING		<input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS		<input type="checkbox"/> TELETHERAPY/IRRADIATOR SERVICE					
<input type="checkbox"/> PORTABLE GAUGES		<input checked="" type="checkbox"/> OTHER (Specify) Emergency wipe test							
<input type="checkbox"/> RADIOGRAPHY		<input type="checkbox"/> TRANSPORTATION QA PROGRAM APPROVAL NO. & REV. NO.		<input type="checkbox"/> REGISTERED AS USER OF PACKAGINGS (CERTIFICATES OF COMPLIANCE NOS)					
9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE USX Corp. Fairless Works Fairless Hills PA 19030				10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible.) USX Corp 1 North Broadway Gary IN 46402					
11. CLIENT TELEPHONE NUMBER (Include Area Code) 215-736-4270		12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK Glenn Shultz		13. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 219-888-4321					
14. DATES SCHEDULED FROM: Nov. 8, 1999 TO: Nov. 8, 1999		15. NUMBER OF WORK DAYS 1		16. LOCATION REFERENCE NUMBER LEAVE BLANK FOR INITIAL NRC FORM 241 REQUEST'S NUMBER TO BE ASSIGNED BY NRC 001336					
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.) Cs-137 20Ci sealed source in device QTY=1									
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 MD-31-088-02		STATE Maryland		EXPIRATION DATE 31 May 1997		TOTAL USAGE DAYS TO DATE 90KB			
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) Dennis Jones - Ass't RSO				SIGNATURE Dennis Jones		DATE Nov. 8, 1999			
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 AUTHORIZING OFFICIAL (Typed/Printed Name and Title) John D. Kinnear, Chief, NRSO CRB 11/8/99 PBR STPRG				SIGNATURE John D. Kinnear		DATE 11-8-99			

NEOS RETURN TO REGION I