		404-562	-4955	Oct	6 '99	10:	53	P. 02/02
	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 scatvillage described Legion)				nt Branch (T-8 », DC 20533-1 Desk Officer, 1 02, (3160-00 1, DC 20503-1 ces not display not conduct of the impormation	icres to e lis notifice activities for regardine regardine (EB), U.S (EB), U	comply with the serious is required to seasure the protection of g burden ser. Nuclear Reby internet e-information ice of Menautenet to inity valid OMM, a pers n.	EXPRES: 07/31/1 us mandatory colle- ured so that NRC it they are conduct from public health limate to the Reco- aguistory Commiss mail to bist Enro, and Regulatory Aff gement and Bud imposo an informat B control number, ean is not require
	CODE SERVICES				2. TYPE OF REPORT INITIAL REVISION CLARIFICATION			
3717	3. ADDRESS OF LICENSEE (Mailing address of other location where licensee may be located) 26412 OLD HWY 20 MADISON, AL 35756				4. LICENSEE CONTACT AND TITLE CHRIS CHANDLER, RSO 5. TELEPHONE NUMBER 6. FACSIMILE NUMBER			
-200	Z ACTIVITIES TO BE CONSUME TO THE			256-34	10-1117	' ‡	56-347	0=1134
562-4955 / VERILY (404)	7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20 WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/IRRADIATOR SERVICE PORTABLE GAUGES OTHER (Specify) REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE MUMBERS)							ERVICE
	8. CLIENT NAME, ADDRESS, CTY/COUNTY, STATE, 2P CODE							
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290	Bynum, AL		(Include A		(Instude Area Code)			ONE NUMBER
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7.	12. DATES SCHEDULED		MBER OF K DAYS	14, ADO	15,		16.	LOCATION
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D. M. Heim LA/DNMS