

NEW FORM

404-562-490C

NRC FORM 241
(7-1999) U.S. NUCLEAR REGULATORY COMMISSION

REPORT OF PROPOSED ACTIVITIES IN
NON-AGREEMENT STATES, AREAS OF EXCLUSIVE
FEDERAL JURISDICTION, OR OFFSHORE WATERS

(Please read the instructions before completing this form)

Washington, DC 20555-0001, or by internet e-mail to 'bjs1@nrc.gov' and to the Desk Officer, Office of Information and Regulatory Affairs, NECB-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

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

LAW ENGINEERING & ENVIRONMENTAL SERVICES

2. TYPE OF REPORT

☐ INITIAL ☐ REVISION ☐ CLARIFICATION

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

1000 BUSINESS CENTER DR
SUITE 90
SAVANNAH GA 31405

4. LICENSEE CONTACT AND TITLE

James Perkins SUPERVISOR

5. TELEPHONE NUMBER
(Include Area Code)

912-238-3888

6. FACSIMILE NUMBER
(Include Area Code)

912-234-1749

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) ☐

☒ RADIOGRAPHY

REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

SPECIAL FORM N.D.S. 2974 RQ

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE

DWP
1701 SOUTH 8TH ST
ST. JOSEPH'S MISSOURI
64502

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION
(Street and Number or other location. Give as complete an address or directions as possible.)

BULK STORAGE
WAF

10. CLIENT TELEPHONE NUMBER
(Include Area Code)

912-554-8999

11. WORK LOCATION TELEPHONE NUMBER
(Include Area Code)

913-313-0785

12. DATES SCHEDULED

FROM

JUNE 2, 2000

TO

JUNE 2, 2000

13. NUMBER OF
WORK DAYS

1

14. ADD

15. DELETE

16. LOCATION
REFERENCE NUMBER

NUMBER TO BE
ASSIGNED BY NRC

000 032

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED
(Include description of type and quantity of radioactive material, sealed sources, or devices to be used)

IR 192 85 CURIES
SOURCE D3889

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 3
ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)

LICENSE NUMBER

GA-852-1

STATE

GA

EXPIRATION DATE

2003

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 instructions of this form; 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.
- 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. With the exception of work conducted in off-shore waters, which is authorized for an unlimited period of time in the 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 understand that conduct of any activities not described above, including conduct of activities at 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 - ASD or Management Representative (Name and Title)

James Perkins SUPERVISOR

SIGNATURE

James Perkins

DATE

5-31-00

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

REVIEWING OFFICIAL (Type/Printed Name and Title)

David J. Collins, Health Physicist

SIGNATURE

David J. Collins

DATE

6/1/2000

TOTAL USAGE / DAYS TO DATE

174

NRC FORM 241 (7-1999)

USNRC Region II

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USNRC Region II - Atlanta GA FAX (404) 562-4905/ VERIFY (404) 562-4723