

NRC FORM 241  
(7 1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB, NO. 3150-0013

EXPIRES: 07/31/2002

Estimated burden per response to comply with this mandatory collection request: 15 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. Send comments regarding burden estimate to the Records Management Branch (1-6 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to 181@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NFOB-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 the NRC may not conduct or sponsor and a person is not required to respond to the information collection.

# 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 (Please print full name of licensee and the activities to be conducted.) <b>UNIVERSITY OF ALABAMA</b>	2. TYPE OF REPORT INITIAL <input checked="" type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION <input type="checkbox"/>
3. ADDRESS OF LICENSEE (Please print full address, including zip code.) <b>PO Box 870178 TUSCALOOSA, AL. 35487-0178</b>	4. CONTACT PERSON <b>HAL BARRETT</b>
5. TELEPHONE NUMBER (Include Area Code) <b>205-348-5405</b>	6. FACSIMILE NUMBER (Include Area Code) <b>205-348-7773</b>

## 7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

WELL LOGGING ☐ LEAK TESTING AND/OR CALIBRATIONS ☐ THERAPY IRRADIATOR SERVICE ☐PORTABLE X-RAYS ☒ **WETLANDS RESEARCH**

8. LICENSEE ADDRESS (Please print full address, including zip code.) <b>UNIVERSITY OF ALABAMA 15 RESEARCH DRIVE TUSCALOOSA, AL 35487-0178 TUSCALOOSA COUNTY</b>	9. ACTIVITY ADDRESS (Please print full address, including zip code.) <b>COWEETA HYDROLOGIC LAB NANTHALA NATIONAL FOREST 999 COWEETA LAB RD. OTTO, NC 28763</b>
10. TELEPHONE NUMBER (Include Area Code) <b>205-348-5405</b>	11. FACSIMILE NUMBER (Include Area Code) <b>NA</b>

12. START DATE <b>10/4/00</b>	13. END DATE <b>10/4/00</b>	14. NUMBER OF WORK DAYS <b>2</b>	15. ADDITIONAL WORK DAYS <b>0</b>	16. LOCATION REFERENCE NUMBER <b>000001</b>
----------------------------------	--------------------------------	-------------------------------------	--------------------------------------	--


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

17. LIST MATERIALS TO BE USED (Please print full name of material, including type and grade, and quantity to be used. If the material is to be used in a device, the device is to be used.) <b>SAME AS PREVIOUSLY SUBMITTED</b>
--


18. AGREEMENT STATE (Please print full name of state, including zip code, and the date of agreement.) <b>AL</b>	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 offshore 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 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 (Please print full name of officer, including title, and the date of certification.) <b>HAL BARRETT RSO</b>	SIGNATURE 	DATE <b>9/13/00</b>
---	---	------------------------

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, agency, or officer of the United States as to any matter within its jurisdiction.

FOR NRC USE ONLY	REVIEW <b>D. M. Heim LA/DNMS</b>	SIGNATURE 	DATE <b>9/13/00</b>	TOTAL USAGE (DAYS) <b>9</b>
------------------	---	---	------------------------	--------------------------------