

NRC FORM 341 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013 Estimated burden per response to comply with this mandatory collection request: 15 minutes. This collection 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 (1-800-372-1033), U.S. Nuclear Regulatory Commission, Washington, DC 20540-0133, or by internet email to publicaffairs@nrc.gov , and to the Data Officer, Office of Information and Regulatory Affairs, HHS-10402, (3150-0013), Office of Management and Budget, Washington, DC 20503. A 3 month delay in imposing an information collection does not destroy 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)				3. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION	
1. NAME OF LICENSEE (Print or type properly to conduct the activity's content of license) SPACE SCIENCE SERVICES, INC.				4. LICENSEE CONTACT AND TITLE NINA WALKER	
2. ADDRESS OF LICENSEE (Print or type properly to conduct the activity's content of license) 140 SOUTHGATE ROAD DOTHAN, ALABAMA 36301				5. TELEPHONE NUMBER (Include area code) 334-677-8565	
				6. FACSIMILE NUMBER (Include area code) 334-677-9505	
7. ACTIVITIES TO BE CONDUCTED 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"/> THERAPY/RADIATION SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) _____ <input checked="" type="checkbox"/> RADIOGRAPHY <input type="checkbox"/> REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBER) _____					
8. OWNER NAME, ADDRESS OF COMPANY, CITY, STATE, ZIP CODE FISHER TANK COMPANY 2330 TWO NOTCH ROAD LEXINGTON, S.C. 29072-8996			9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Print and include all other locations. Give all locations on a separate sheet if possible.) MAYPORT NAVAL STATION JACKSONVILLE, FLORIDA		
			10. OWNER TELEPHONE NUMBER (Include area code)		11. WORK LOCATION TELEPHONE NUMBER (Include area code)
12. DATES SCHEDULED FROM TO		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC 000095
3/30/01, 4/02/01 04/03/01		3			
17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.					
18. LIST RADIOACTIVE MATERIAL WHICH WILL BE PREPARED, USED, INSTALLED, SERVICED, OR TESTED (Indicate the quantity of each and quantity of material to be used, stored, or disposed in an event.) IRIDIUM 192, 50-100 CURIES SEALED SOURCE IR-100 PROJECTOR, INDUSTRIAL NUCLEAR COMPANY					
19. AGREEMENT STATE (SEE INSTRUCTIONS) AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME AS THAT FOR (LOCATION OF USE, AS SPECIFIED IN ITEM 8 ABOVE. (For license of the issuing license must accompany the initial NRC Form 341.)			LICENSE NUMBER 217	STATE AL	COMPLETION DATE MAY 31, 2004
10. 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 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.					
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 150 days in calendar year. With the exception of work conducted in offshore waters, which is otherwise for an unlimited period of time in the 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.					
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.					
COPIES OF REPORT: 100 or Management Review (Name and Title) DONALD A. GEIGER, P.E., PRESIDENT			DATE 3/29/01		
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 report.					
FOR NRC USE ONLY		REVIEWED BY Janice H. Kirby Licensing Assistant		SIGNATURE Janice Kirby DATE 3/29/01	
NRC FORM 341 (7-1999)				TOTAL PAGES - DATE TO DATE 7	

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