

USNRC Region II - Atlanta GA FAX (404) 562-4955 / VERIFY (404) 562-4123

NRC FORM 261 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY DMS: NO. 3166-0013 Estimated burden per response is 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 (7-635), U.S. Nuclear Regulatory Commission, Washington, DC 20545-0001, or by Internet e-mail to: 1803@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, HHS-10202 (3166-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impact an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor the collection, 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)				2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION	
1. NAME OF LICENSEE (Person or firm responsible for conducting the activities reported below) SPACE SCIENCE SERVICES, INC.				3. LICENSEE CONTACT AND TITLE NINA WALKER	
2. ADDRESS OF LICENSEE (including address for other locations where reports may be received) 140 SOUTHGATE ROAD DOTHAN, ALABAMA 36301				4. TELEPHONE NUMBER (Include Area Code) 334-677-8565	
				5. 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) _____					
6. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE FISHER TANK COMPANY 2330 TWO NOTCH ROAD LEXINGTON, S.C. 29072-8996			8. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete as address or structure is possible.) MAYPORT NAVAL STATION JACKSONVILLE, FLORIDA		
			10. CLIENT TELEPHONE NUMBER (Include Area Code)		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
12. DATES SCHEDULED FROM 4/5/01 TO 4/6/01		13. NUMBER OF WORK DAYS 2	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC 000095
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 2-16 ABOVE.					
17. LIST RADIOACTIVE MATERIAL WHICH WILL BE RECEIVED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.) IRIDIUM 192, 50-100 CURIES SEALED SOURCE IR-100 PROJECTOR, INDUSTRIAL NUCLEAR COMPANY					
18. AGREEMENT STATEMENT: LICENSEE WHOSE AUTHORITY IS THE UNDERGROUND TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 17 ABOVE. (Four copies of the operating license must accompany this NRC Form 261.)			LICENSE NUMBER 217	STATE AL	EXPIRATION DATE MAY 31, 2004
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 provisions of the general license to 10 CFR 150.20 regarding 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 to 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. 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.					
SIGNATURE OF OWNER, AGO or Management Representative (Name and Title) DONALD A. GEIGER, P.E., PRESIDENT			SIGNATURE Nina Walker		
DATE 4-4-01			DATE 4-4-01		
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 to any department or agency of the United States as to any matter within its jurisdiction.					
FOR NRC USE ONLY		RE Janice H. Kirby Licensing Assistant		DATE 4/4/01	
NRC FORM 261 (7-1999)		PRINTED ON A RECYCLED PAPER			