

NRC FORM 161 (1-1982)	<div style="text-align: center;"> <b>REPORT OF PROPOSED ACTIVITIES IN          NON-AGREEMENT STATES, AREAS OF EXCLUSIVE          FEDERAL JURISDICTION, OR OFFSHORE WATERS</b>          (Please read the instructions before completing this form)       </div>	<div style="text-align: right;">         APPROVED BY ONE: NO. 10-10-10          COMMENTS: 10-10-10       </div>
1. NAME OF LICENSEE: <b>SPACE SCIENCE SERVICES, INC.</b>		
2. ADDRESS OF LICENSEE: <b>140 SOUTHGATE ROAD          DOTHAN, ALABAMA 36301</b>		
3. TYPE OF REPORT: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> INITIAL         </div> <div> <input type="checkbox"/> REVISION       </div> <div> <input checked="" type="checkbox"/> CLARIFICATION       </div> </div>		
4. LICENSEE CONTACT AND INFO: <div style="display: flex; justify-content: space-between;"> <div> <b>NINA WALKER</b>            5. TELEPHONE NUMBER (Area Code)  <b>334-677-8565</b> </div> <div>           6. FACSIMILE NUMBER (Area Code)  <b>334-677-9505</b> </div> </div>		
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS         </div> <div> <input type="checkbox"/> TELE THERAPY/RADIATOR SERVICE         </div> </div>		
8. ACTIVITY: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> WELL LOGGING         </div> <div> <input type="checkbox"/> PORTABLE GAUGES         </div> <div> <input checked="" type="checkbox"/> RADIOGRAPHY       </div> </div>		
9. ACTIVITY: <div style="display: flex; justify-content: space-between;"> <div> <b>FISHER TANK COMPANY</b>  <b>2330 TWO NOICH ROAD</b>  <b>LEXINGTON, S.C. 29072-8996</b> </div> <div> <b>MAYPORT NAVAL STATION</b>  <b>JACKSONVILLE, FLORIDA</b> </div> </div>		
10. ACTIVITY: <div style="display: flex; justify-content: space-between;"> <div> <b>12. DATE SCHEDULED</b>  <b>10/16/01</b> </div> <div> <b>13. NUMBER OF WORK DAYS</b>  <b>1</b> </div> <div> <b>14. ADD</b>  <b>10/16/01</b> </div> </div>		
11. WORK LOCATION TELEPHONE NUMBER: <b>000025</b>		
12. WORK LOCATION ADDRESS: <b>000025</b>		
13. CERTIFICATION (MUST BE COMPLETED BY APPLICANT): <div style="display: flex; justify-content: space-between;"> <div> <b>STATE OF ALABAMA</b> </div> <div> <b>DATE</b>  <b>10-11-01</b> </div> </div>		
14. THE UNDERSIGNED, HEREBY CERTIFY THAT: <div style="display: flex; justify-content: space-between;"> <div> <b>STATE OF ALABAMA</b> </div> <div> <b>DATE</b>  <b>10-11-01</b> </div> </div>		
15. ADDITIONAL WORK SITES TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 1-10 ABOVE: <div style="display: flex; justify-content: space-between;"> <div> <b>STATE OF ALABAMA</b> </div> <div> <b>DATE</b>  <b>10-11-01</b> </div> </div>		
16. SIGNATURE OF APPLICANT: <b>Donald A. Geiger, P.E., President</b>		
17. SIGNATURE OF NRC: <b>Janice H. Kirby, Licensing Assistant</b>		