

US NRC REGION 2

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03/14 '08 12:54 NO.499 01/01

03/15/02 11:11 FAX 502 266 7577

HAYES TESTING

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NRC FORM 241 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY GMEC NO. 3145-0013 Estimated burden per response to comply with this mandatory collection request: 15 minutes. This regulation 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 estimates to the Regulatory Management Branch (1-218) U.S. Nuclear Regulatory Commission, Washington, DC 20540-0001, or by Internet e-mail to 3145@nrc.gov, and to the Chief Officer, Office of Information and Regulatory Affairs, NRC-10202 (3150-0013), Office of Management and Budget, Washington, DC 20503. If a license is 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)				2. TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION	
1. NAME OF LICENSEE (person or firm proposing to conduct the activities described below) HAYES TESTING LABORATORY, INC.				4. LICENSEE CONTACT AND TITLE DANIEL J. HAYES, SR., PRESIDENT	
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 2521 HOLLOWAY ROAD LOUISVILLE, KY 40299				5. TELEPHONE NUMBER (Include Area Code) 502/266-9729	
				6. FACSIMILE NUMBER (Include Area Code) 502/266-7577	
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"/> TELETHERAPY/RADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) → <input checked="" type="checkbox"/> RADIOGRAPHY → REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)					
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE GLOBE MECHANICAL, INC. 20 W. 7TH ST. NEW ALBANY, IN 47150				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give no exceptions to address or directions as possible.) SAME	
				10. CLIENT TELEPHONE NUMBER (Include Area Code) 812-929-2001	
				11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) SAME	
12. DATES SCHEDULED FROM 3-16-2002 TO 3-16-2002		13. NUMBER OF WORK DAYS 1		14. ADD	15. DELETE
				16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC 000 499	
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 POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.) IRIDIUM-192 MAX. CURIES 100					
19. AGREEMENT STATE AND LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE NOT PERMITTED FOR LOCATION OF USE, AS SPECIFIED IN ITEM 8 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)				LICENSE NUMBER 201-168-05	STATE KY
				EXPIRATION DATE 7-31-02	
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 provision of the general license 10 CFR 150.20 reprinted on the introduction 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 100 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. 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.					
CERTIFYING OFFICER - RSO or Management Representative (Name and Title) DANIEL J. HAYES, SR., PRESIDENT				SIGNATURE DATE 3-15-2002	
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, or any document or any agency of the United States as to any matter within its jurisdiction.					
FOR NRC USE ONLY		REVIEW Janice H. Kirby Licensing Assistant		SIGNATURE DATE 3/15/02	
NRC FORM 241 (7-1999)				TOTAL USAGE - DAYS TO DATE PRINTED ON RECYCLED PAPER	



HAYES TESTING LABORATORY, INC.
Phone 502-266-9729
2521 Holloway Rd.
Louisville, Kentucky 40299

Urgent!

FACSIMILE COVER SHEET

TO: Janice or David DATE: 3-15-02
LOCATION: NRC-
FROM: HAYES TESTING LABORATORY, INC.
LOUISVILLE, KY Kathy
PHONE: 502/266-9729
FAX: 502/266-7577
NO. OF PAGES: 2 INCLUDING COVER SHEET

PLEASE CONTACT US IF YOU DO NOT RECEIVE ALL PAGES OR THEY ARE NOT LEGIBLE.

MESSAGE:

*Sorry do Cause so much
trouble but now they have
Cancelled this x-ray!*

*Thanks
Kathy*