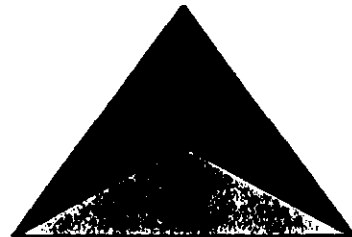


NRC FORM 241 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY ORIS: NO. 5182-0613 Exempt: 07/01/02 Submits (person per) reports in conformity with the instructions of the NRC and the NRC's regulations. This application is subject to the NRC's regulations and the NRC's rules. The NRC's rules are available on the NRC's website. The NRC's rules are available on the NRC's website. The NRC's rules are available on the NRC's website.	
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) Triad Nondestructive Testing, Inc.				4. LICENSEE CONTACT AND TITLE L. Leroy Spangler, Gen. Mgr.	
3. ADDRESS OF LICENSEE (Mailing address if other location where activities may be located) P.O. Box 2342 233-B Industrial Way Drive Kernersville, NC 27284-2342				5. TELEPHONE NUMBER (Include Area Code) 336-996-2576	
6. FACSIMILE NUMBER (Include Area Code) 336-996-2576				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/RADIATION SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) \Rightarrow <input checked="" type="checkbox"/> RADIOGRAPHY \Rightarrow REQUESTED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) 3283	
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE Industrial, Fabrication, Demolition and Design 1914 Gillespie Street Fayetteville, NC 28306				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address as possible.) Building 2730 Corner of Gruber Road and Merrill Street Fort Bragg, NC	
10. CLIENT TELEPHONE NUMBER (Include Area Code) 910-426-9721		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 910-818-6880		12. LOCATION REFERENCE NUMBER 000482	
13. NUMBER OF WORK DAYS 1		14. ADD		15. DELETES	
16. DATES SCHEDULED FROM 3/14/02 TO 3/14/02 -03/13/02-03/13/02		17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 3-16 ABOVE. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Sketches description of type and quantity of radioactive material, sealed sources, or sources to be used) IR-192 Amersham Model #660-B 120 curies			
18. 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 10 CFR 150.20 regarding 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 materials 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 detector 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) L. Leroy Spangler, RSO & Gen. Mgr. DATE 03/11/02					
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 or agency of the United States as to any matter within its jurisdiction.					
FOR NRC USE ONLY		SIGNATURE Janice M. Kirby Licensing Assistant		DATE 3/13/02	
NRC FORM 241 (7-11)		TOTAL USAGE - DAYS TO DATE		PRINTED ON RECYCLED PAPER	

Janice Kirby 3/13/02

Triad	Nondestructive Testing, Inc.	
	PO Box 2342 Kernersville, NC 27285	Phone/Fax: (336) 996- 2576



To: JANICE Kirby	Pages: 2
Company: NRC	Date: 3/13/02
Re: CLARIFICATION	Fax:

Facsimile Transmittal

PLEASE DELETE THE 3/13/02 DATE AND ADD THE
3/14/02. This change is DUE TO WEATHER.

Thanks,
Leroy Spangler
RSO