

USNRC REGION II • MATERIALS LICENSING/INSPECTION BRANCHES (FAX 404-562-4955) (VERIFY 404-562-4732)

NRC FORM 241 (6-95) 10 CFR 150		U. S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 2150-0013 Estimated burden per response to comply with the mandatory information collection request: 18 minutes. This collection is required so that NRC may determine the need for the information to ensure that they are contained in responses with requirements for protection of the public health and safety. Requested comments regarding burden estimates for the information and Records Management Branch (T-6 F20), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and in the Paperwork Reduction Project (2150-0013), Office of Management and Budget, Washington, DC 20503. NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.	
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES (Please read the instructions on the cover sheet before completing this form.)				EXPIRES: 180 days	
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) TITAN ATLANTIC GROUP		2. TYPE OF REPORT INITIAL REVISION <input checked="" type="checkbox"/> CLARIFICATION		3. CONTROL NUMBER (Leave blank - Number to be assigned by NRC)	
4. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 5240 GREENS DAIRY RD. RALEIGH NC 27616		5. LICENSEE CONTACT JERRY HYMAN RSD		6. TELEPHONE NUMBER (Include Area Code) 919-291-8056	
				7. FACSIMILE NUMBER (Include Area Code) 919-873-9555	
8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20					
WELL LOGGING		LEAK TESTING AND/OR CALIBRATIONS		TELE THERAPY/RADIATOR SERVICE	
PORTABLE GAUGES		OTHER (Specify)			
<input checked="" type="checkbox"/> RADIOGRAPHY →		TRANSPORTATION OR PROGRAM APPROVAL NO & REV NO		REGISTERED AS USER OF PACKAGINGS (CERTIFICATES OF COMPLIANCE NOS.)	
9. CLIENT NAME ADDRESS, CITY/COUNTY, STATE, ZIP CODE Superior Industrial Mgmt. 1825 TABARA AVE Goldsboro NC 27531			10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address as possible.) SAME		
11. CLIENT TELEPHONE NUMBER (Include Area Code) 919-522-1841		12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK. CARLOS ROSBRUGH / SCOTT ANDERSON		13. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 919-522-1841	
14. DATES SCHEDULED FROM 3/6/02		TO 3/6/02		15. LOCATION REFERENCE NUMBER LEAVE BLANK FOR INITIAL NRC FORM 241 REQUEST NUMBER TO BE ASSIGNED BY NRC 000435	
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.					
17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED IN NON-AGREEMENT STATES (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.) IRIDIUM 192 82 Ci					
18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT 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 092-1064-1		STATE NC		EXPIRATION DATE 4/31/2002	
				TOTAL USAGE DAYS TO DATE 2	
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 cover sheet of this form set; 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 180 days in 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. I am also aware that I will be responsible for any fees associated with such inspections.					
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 (Type/print Name and Title) Scott Anderson NDE MANAGER				SIGNATURE [Signature]	
				DATE 3/5/02	
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 NRC FORM 241 (6-95)		Janice H. Kirby Licensing Assistant		SIGNATURE [Signature]	
				DATE 3/5/02	

Please use New form 7/1999. Thank