
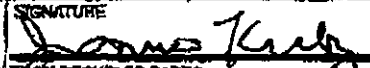


NRC FORM 281 (7-1998)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013 Estimated burden per response to comply with this mandatory collection request: 15 minutes. This notification is required so that NRC may schedule inspection of the activities to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Send comments regarding burden estimate to the Records Management Branch (T-6 B3), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to b31@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.		EXPIRES: 07/31/2002	
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS (Please read the instructions before completing this form)							
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) Wright Padgett Christopher, Inc.				2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION			
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 5205 Waters Avenue Savannah, Georgia 31404				4. LICENSEE CONTACT AND TITLE Mark S. Knussmann, RSO Construction Services Manager			
				5. TELEPHONE NUMBER (Include Area Code) (912) 629-4000		6. FACSIMILE NUMBER (Include Area Code) (912) 629-4001	
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20 <input type="checkbox"/> WELL LOGGING <input checked="" type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELETHERAPY/RADIATOR SERVICE <input checked="" type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) \Rightarrow _____ <input type="checkbox"/> RADIOGRAPHY \Rightarrow REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) _____							
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE For Items 8-16 See attached				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give an approximate address or directions as necessary.)			
				10. CLIENT TELEPHONE NUMBER (Include Area Code)		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)	
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD		15. DELETE	
FROM		TO				16. LOCATION REFERENCE NUMBER	
						NUMBER TO BE ASSIGNED BY NRC	
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 3-16 ABOVE.							
17. 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.) CS-137 0.30 GBq AM-241:Be 1.48 GBq							
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 9. (None. I am relying on the general license and agreement in the title NRC Form 281.)				LICENSE NUMBER GA-1116-1		STATE GA	
				EXPIRATION DATE 2/28/07			
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 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 10 CFR 150.20 are limited to a total of 180 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) Mark S. Knussmann				SIGNATURE 		DATE 5/23/03	
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		REVIEW Janice H. Kirby		SIGNATURE 		DATE 6/3/03	
		and Title		TOTAL USAGE - DAYS TO DATE 10			

Received Time 9 Jun 2 2:20PM

DATE RECEIVED BY NRC

Date form is due and when it comes

NRC Form 241 cont.

8. Client Name, Address, City/County, State, Zip Code

*Head Construction
4920 East 5th Avenue
Columbus, Ohio 43219*

9. Actual Physical Address of Work Location

Beaufort MCAS, South Carolina

*1004 B Merrit Field Parkway
MCAS, Beaufort, SC 29904*

000761

10. Client Telephone Number

(843) 522-3319

11. Work Location Telephone Number

(912) 522-3314

12. Dates Scheduled

From *6/13/03* To *6/20/03*

13. Number of work days

180

14. Add

15. Delete

16. Location Reference Number

Janice H. Kirby
Licensing Assistant

J Kirby 6/10/03

NRC Form 241 cont.

8. Client Name, Address, City/County, State, Zip Code

*McKnight Construction Company
P.O. Box 204718
Augusta, Georgia 30917*

9. Actual Physical Address or Work Location

*Fort Stewart, Georgia

880 Sigma Street
Fort Stewart, Georgia 31314*

10. Client Telephone Number

(706) 863-7784

000757

11. Work Location Telephone Number

(912) 876-5770

12. Dates Scheduled

From *6/11/03* To *6/20/03*

13. Number of work days

180

14. Add

15. Delete

16. Location Reference Number

J Kirby 6/10/03