

US NRC REGION 2

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09/05 '03 07:10 NO.822 01/01

09/04/2003 THU 13:58

FAX 502 266 7577 HAYES TESTING LAB --- NRC

NRC FORM 241  
2002

U.S. NUCLEAR REGULATORY COMMISSION

# REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS

(Please read the instructions before completing this form)

NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)

HAYES TESTING LABORATORY, INC.

ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)

2521 HOLLOWAY ROAD  
LOUISVILLE, KY 40299

APPROVED BY OMB: NO. 3150-0013

EXPIRES: 09/12/2005

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 estimates to the Records Management Branch (7-6 EG, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet email to [infocoll@nrc.gov](mailto:infocoll@nrc.gov), and to the Desk Officer, Office of Management and Regulatory Affairs, NRC-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.

## 2. TYPE OF REPORT:

☐ INITIAL ☐ REVISION ☒ CLARIFICATION

## 4. LICENSEE CONTACT AND TITLE

DANIEL J. HAYES, SR., PRESIDENT

## 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

- ☐ WELL LOGGING ☐ LEAK TESTING AND/OR CALIBRATIONS ☐ THERAPY/IRRADIATOR SERVICE  
☐ PORTABLE GAUGES ☐ OTHER (Specify) \_\_\_\_\_  
☒ RADIOGRAPHY ☐ REGISTERED AS USER OF PACKAGING (COORDINATES OF COMPLIANCE NUMBERS)

## 8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE

QUICKSILVER RESOURCES, INC.  
2494 MELVIEW RD., S.E.  
LACONIA, IN 47135

## 9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION

PIPELINE PUMPING STATION AT THIS  
ADDRESS  
SAME

## 10. CLIENT TELEPHONE NUMBER

(Include Area Code)  
812/737-2817

## 11. WORK LOCATION TELEPHONE NUMBER

(Include Area Code)  
SAME

## 12. DATES SCHEDULED

FROM 9-6-2003 TO 9-12-2003

## 13. NUMBER OF WORK DAYS

7

## 14. ADD

## 15. DELETE

## 16. LOCATION

NUMBER TO BE APPROVED BY NRC  
000694

## 17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 5-16 ABOVE

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICES, OR TESTED (Provide description of type and quantity of radioactive material, sealed sources, or devices to be used)

IR-192, MAX. 100 CURIES

## 18. AGREEMENT STATE IN WHICH LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 2 ABOVE. (Four copies of this license must accompany the NRC Form 241.)

## LICENSE NUMBER

201-168-05

## STATE

KY

## EXPIRATION DATE

7-31-2003

## 19. THE UNDERSIGNED HEREBY CERTIFY THAT:

- a. All information in this report is true and accurate.  
 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 offshore 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 - PEO or Management Representative (Name and Title)

DANIEL J. HAYES, SR. PRES

## DATE

9-4-2003

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 report.

## FOR NRC USE ONLY

Karen McCallie  
Licensing Assistant

## DATE

9-5-03

## DATE

9-5-03

## TOTAL USAGE - DATE TO DATE

58 55

NRC FORM 241 (5-2002)

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AMENDED 9/5/03