

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS		<small>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 (7-6 E5), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to <a href="mailto:information@nrc.gov">information@nrc.gov</a>, and to the Desk Officer, Office of Information and Regulatory Affairs, NRC-02222, (202) 294-2999. Office of Management and Budget, Washington, DC 20503. If you wish to inspect 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.</small>	
<b>1. NAME OF LICENSEE</b> (Person or firm proposing to conduct the activities described below) <b>DAVES &amp; Kelly, Inc</b> <b>G. B. A. Jacobson &amp; Associates</b>		<b>2. TYPE OF REPORT</b> <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION	
<b>3. ADDRESS OF LICENSEE</b> (Shipping address or other location where licensee may be reached) <b>P.O. Box 14748</b> <b>LOUISVILLE, KY 40214</b>		<b>4. LICENSEE CONTACT AND TITLE</b> <b>Michael S. Kelly, CHP</b>	
		<b>5. TELEPHONE NUMBER</b> <small>(Include Area Code)</small>	<b>6. FACSIMILE NUMBER</b> <small>(Include Area Code)</small>
<b>7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20</b> <input type="checkbox"/> WELL LOGGING <input checked="" type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> THERAPY/RADIATION SERVICE <input type="checkbox"/> PORTABLE GAUGES <input checked="" type="checkbox"/> OTHER (Specify) <b>⇒ Dose Calibrator QA &amp; Shielding Integrity</b> <input type="checkbox"/> RADIOGRAPHY <b>⇒</b> <small>REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)</small>			
<b>8. CLIENT NAME, ADDRESS, CITY/STATE, ZIP CODE</b> <b>SEE ATTACHED LIST</b>		<b>9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION</b> <small>(Street and Number or other location. Give as complete an address or direction as possible.)</small> <b>SEE ATTACHED CLIENT LIST</b>	
		<b>10. CLIENT TELEPHONE NUMBER</b> <small>(Include Area Code)</small>	<b>11. WORK LOCATION TELEPHONE NUMBER</b> <small>(Include Area Code)</small>
<b>12. DATES SCHEDULED</b> <b>FROM SEE ATTACHED</b> <b>TO CLIENT LIST</b>		<b>13. NUMBER OF WORK DAYS</b> <b>FOR 2003</b>	<b>14. ADD</b> 
		<b>15. DELETE</b> 	<b>16. LOCATION REFERENCE NUMBER</b> <b>NUMBER TO BE ASSIGNED BY NRC</b> <b>000189</b>
<b>LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.</b>			
<b>17. LIST ADDITIONAL MATERIALS, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED</b> <small>(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)</small> <b>Co-57; Ba-133; Cs-137 E-VIALS &amp; FLOOD SOURCES</b> <b>GENERALLY LICENSED SOURCES</b>			
<b>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 17 ABOVE.</b> <small>(Four copies of the specific license must accompany the initial NRC Form 241.)</small>		<b>LICENSE NUMBER</b> <b>201-175-55</b>	<b>STATE</b> <b>KY</b>
		<b>EXPIRATION DATE</b> <b>3/31/2004</b>	
<b>19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</b> <b>I, THE UNDERSIGNED, HEREBY CERTIFY THAT:</b>			
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 reprinted on the back 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 at sites or locations different from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.			
<b>CERTIFYING OFFICER - NRC or Management Representative (Name and Title)</b> <b>Michael S. Kelly, President, RSO</b>		<b>SIGNATURE</b> <b>Michael S. Kelly</b>	<b>DATE</b> <b>11/21/03</b>
<b>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.</b>			
<b>FOR NRC USE ONLY</b>	<b>REVIEWING OFFICIAL (Typed Printed Name and Title)</b> <b>John McRae</b>	<b>SIGNATURE</b> <b>John McRae</b>	<b>DATE</b> <b>11/24/03</b>
		<b>TOTAL USAGE - DAYS TO DATE</b> <b>14</b>	

@ 11/24/03

ATTACHMENT TO FORM 241  
2003 Client List

#9 and 10 Client Name	Address	Date Worked	Date Scheduled	NRC LRN
King's Daughters Hospital	One King's Daughters Way Madison, IN 47250	3/7/03 9/23/03		000187
Med Ctr of So Indiana	2200 Market Street Charlestown, IN 47111	3/7/03 9/23/03		000188
Harrison County Hospital	Corydon, IN	5/19/03	11/25/03	000189 @ 11/24/03
Washington County Hospital	Salem, IN	4/15/03 10/21/03		000190
Scott County Hospital	Scottsburg, IN	4/15/03 10/16/03		000191
Clark Memorial Hospital	Jeffersonville, IN	6/23/03 6/27/03		000192
River City Cardiology	207 Sparks Ave, suite 104 Jeffersonville, IN 47130	4/21/03 10/13/03		000193
ESSROC Materials	Hwy 31 North Speed, IN 47172			000194
CardioVascular Assoc Of So Indiana	2109 Green Valley Rd New Albany, IN 47150	4/15/03 8/22/03 10/14/03		000195
D. Marks Bickers, MD	1919 State Street New Albany, IN 47150	10/24/03		001072
		11/21/03		

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PHONE NO. : 5023612486

FROM : DAVES & KELLY

# Fax

**To:** Sheryl Villar

USNRC

Region 1

**From:** Mike Kelly

Daves and Kelly, Inc

Phone: (502) 231-5621

FAX: (502) 361-2486

e-mail: michael.s.kelly@worldnet.att.net

**Fax:** (610) 337-5269**Pages:** 3**Phone:** (610) 337-5239**Date:** 11/21/03**Re:** Form 241**CC:**☐ Urgent    ☐ For Review    ☐ Please Comment    ☐ Please Reply    ☐ Please Recycle

Ms Villar,

I am requesting to perform licensed activity at Harrison County Hospital, Corydon, IN on November 25, 2003. Please find following a form 241 and client list.

Mike Kelly