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NRC FORM 241 (7-1999) U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 07/31/2002
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 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@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.

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)

2. TYPE OF REPORT: ☐ INITIAL ☒ REVISION ☒ CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
Decisive Testing, Inc.
4735 Myrtle Avenue
San Diego, CA 92105
(619) 285-9006

4. LICENSEE CONTACT AND TITLE
MICHAEL MAY

5. TELEPHONE NUMBER (Include Area Code)
619-285-9006

6. FACSIMILE NUMBER (Include Area Code)
619-285-9930

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

☐ WELL LOGGING ☐ LEAK TESTING AND/OR CALIBRATIONS ☐ TELETHERAPY/IRRADIATOR SERVICE

☐ PORTABLE GAUGES ☐ OTHER (Specify) ➡

☒ RADIOGRAPHY ➡ REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBER(S)) USA/9185/B(U)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
KINLEY CONST.
199 ROSECRANS
POINT LOMA, CA.

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)
NAVAL SUBMARINE BASE
BALLAST POINT
SAN DIEGO, CA 92106

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	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
28 MAY 02	29 MAY 02	2			

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 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)

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 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)

LICENSE NUMBER	STATE	EXPIRATION DATE
1836-37	CA	27 FEB 04

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)	SIGNATURE	DATE
MICHAEL MAY, RSO		28 MAY 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	REVIEWING OFFICIAL (Typed/Printed Name and Title)	SIGNATURE	DATE	TOTAL USAGE – DAYS TO DATE
	Richard A. Leonard Health Physicist	R.A. Leonard	6/4/02	

NRC FORM 241 (7-1999)

PRINTED ON RECYCLED PAPER

RECEIVED
JUN 4 2002
DNMS

NRC FORM 241 (7-1999) U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 07/31/2002
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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)

2. TYPE OF REPORT: ☐ INITIAL ☒ REVISION ☒ CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
Decisive Testing, Inc.
4735 Myrtle Avenue
San Diego, CA 92105
(619) 285-9006

4. LICENSEE CONTACT AND TITLE
MICHAEL MAY

5. TELEPHONE NUMBER (Include Area Code) 619-285-9006

6. FACSIMILE NUMBER (Include Area Code) 619-285-9930

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

☐ WELL LOGGING ☐ LEAK TESTING AND/OR CALIBRATIONS ☐ TELETHERAPY/IRRADIATOR SERVICE

☐ PORTABLE GAUGES ☐ OTHER (Specify) ⇒

☒ RADIOGRAPHY ⇒ (REGISTERED AS USER OF PACKAGING CERTIFICATES OR COMPLIANCE NUMBER(S)) USA/9185/B(U)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
KINLEY CONST.
199 ROSECRANS
POINT LOMA, CA.

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)
NAVAL SUBMARINE BASE
BALLAST POINT
SAN DIEGO, CA 92106

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	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
5 JUN 02	6 JUN 02	2			

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 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.)

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, ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)

LICENSE NUMBER	STATE	EXPIRATION DATE
1836-37	CA	27 FEB 04

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)	SIGNATURE	DATE
MICHAEL MAY, RSO		4 JUN 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	ACCEPTED BY (Name and Title)	SIGNATURE	DATE	TOTAL USAGE - DAYS TO DATE
	Richard A. Leonard Health Physicist		6-5-02	

NRC FORM 241 (7-1999) PRINTED ON RECYCLED PAPER

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MAY 23 2002

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(Please read the instructions before completing this form)

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

2. TYPE OF REPORT
☐ INITIAL ☒ REVISION ☒ CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
Decisive Testing, Inc.
4735 Myrtle Avenue
San Diego, CA 92105
(619) 285-9006

4. LICENSEE CONTACT AND TITLE
MICAEL MAY

5. TELEPHONE NUMBER (Include Area Code)
619-285-9006

6. FACSIMILE NUMBER (Include Area Code)
619-285-9930

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☐ WELL LOGGING ☐ LEAK TESTING AND/OR CALIBRATIONS ☐ TELETHERAPY/IRRADIATOR SERVICE

☐ PORTABLE GAUGES ☐ OTHER (Specify) ➡

☒ RADIOGRAPHY ➡ REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBER(S)) USA/9185/B(U)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
KINLEY CONST.
199 ROSECRANS
POINT LOMA, CA.

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NAVAL SUBMARINE BASE
BALLAST POINT
SAN DIEGO, CA 92106

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12. DATES SCHEDULED FROM	TO	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
24 MAY 02	24 MAY 02	1			NUMBER TO BE ASSIGNED BY NRC

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.

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LICENSE NUMBER	STATE	EXPIRATION DATE
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CERTIFYING OFFICER - RSO or Management Representative (Name and Title)	SIGNATURE	DATE
MICHAEL MAY, RSO	[signature]	23 MAY 02

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FOR NRC USE ONLY	REVIEWING OFFICIAL (Print/Type Name and Title)	SIGNATURE	DATE	TOTAL USAGE - DAYS TO DATE
	Richard A. Leonard Health Physicist	[signature]	5-24-02	

NRC FORM 241 (7-1999) U.S. NUCLEAR REGULATORY COMMISSION

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San Diego, CA 92105
(619) 285-9006

4. LICENSEE CONTACT AND TITLE: MICHAEL MAY, RSO

5. TELEPHONE NUMBER (Include Area Code): 619-285-9006

6. FACSIMILE NUMBER (Include Area Code): 619 285-9930

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☐ PORTABLE GAUGES ☐ OTHER (Specify) ➔

☒ RADIOGRAPHY ➔ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) USA-9165-S(N)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
Industrial Marine
1700 Hoover Ave
National City, Ca 91950

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)
USS CONSTELLATION CV-64
NAS, N. Island
Coronado Ca

10. CLIENT TELEPHONE NUMBER (Include Area Code): 619 977-1014

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code): 619-977-1014

12. DATES SCHEDULED FROM	TO	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
29 May	30 May	2			NUMBER TO BE ASSIGNED BY NRC

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.

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Ir-192, Amersham model 660B exposure device

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 ABOVE: (Four copies of the specific license must accompany the initial NRC Form 241.)

LICENSE NUMBER	STATE	EXPIRATION DATE
1636-37	CA	27 Feb 04

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a. All information in this report is true and complete.

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CERTIFYING OFFICER - RSO or Management Representative (Name and Title)	SIGNATURE	DATE
MICHAEL R MAY		29 May 02

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FOR NRC USE ONLY	REVIEWING OFFICIAL (Typed/Printed Name and Title)	SIGNATURE	DATE	TOTAL USAGE – DAYS TO DATE
	Judith Walker, Health Physicist	Judith Walker	5/31/02	