

NRC FORM 241
(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 (7-8 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bje1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOS-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)
Engineering & Inspections Unlimited, Inc.

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
5455 North Federal Highway
Suite I
Boca Raton, FL 33487

4. LICENSEE CONTACT AND TITLE
Lynn D. Shepard, RSO
5. TELEPHONE NUMBER (Include Area Code)
(561) 241-0303
6. FACSIMILE NUMBER (Include Area Code)
(561) 241-0349

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20
 WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/RADIATOR SERVICE
 PORTABLE GAUGES OTHER (Specify) → _____
 RADIOGRAPHY → _____
REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) _____

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
PLEASE SEE ATTACHMENT FOR ANSWERS TO
ITEMS 8, 9, 10, 11, 12, and 13.

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION
(Street and Number or other location. Give all complete an address or directions as possible.)
10. CLIENT TELEPHONE NUMBER (Include Area Code)
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ACO	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY USER 000 838

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.)
Iridium 192 (100 curies or less)
Sealed Source AEA Technology QSA Model A424-9 for use in exposure device AEA
Technology QSA Model 660 Radiographic 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.
LICENSE NUMBER: 1112-1 STATE: FL EXPIRATION DATE: 3/31/05

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 at other 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
Lynn D. Shepard, RSO [Signature] 06/28/02

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 report to any agency of the United States as to any matter within its jurisdiction.

FOR NRC USE ONLY
JANICE H. KIRBY
Licensing Assistant
SIGNATURE DATE TOTAL USAGE - DAYS TO DATE
[Signature] 7/7/02 165

ATTACHMENT 1

LRN
000 F38

- ITEM 8 **Client name, address, city/country, state, zip code**
Matrix Services, Inc.
1441 South Anaheim Boulevard
Anaheim, CA 92805
USA

- ITEM 9 **Actual physical address of work location**
Equilon Enterprises
789 N Nimitz Hwy
Honolulu, HI 96813
USA

- ITEM 10 **Client telephone number**
(808) 479-6587

- ITEM 11 **Work location telephone number**
(808) 479-6587

- ITEM 12 **Dates Scheduled**
7/1/02 - 7/30/02

- ITEM 13 **Number of work days**
3days

4/27 Please submit exact days worked for each location, Thanks

NRC FORM 241
(7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3160-0013
Estimated burden per response to comply with this mandatory collection request is 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 (T-8 ES), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bj1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3160-0013), 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 <i>(Person or firm proposing to conduct the activities described below)</i> Engineering & Inspections Unlimited, Inc.		2. TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION	
3. ADDRESS OF LICENSEE <i>(Mailing address or other location where licensee may be located)</i> 5455 North Federal Highway Suite I Boca Raton, FL 33487		4. LICENSEE CONTACT AND TITLE Lynn D. Shepard, RSO	
		5. TELEPHONE NUMBER <i>(Include Area Code)</i> (561)241-0303	6. FACSIMILE NUMBER <i>(Include Area Code)</i> (561)241-0349

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) \Rightarrow _____

RADIOGRAPHY \Rightarrow REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE PLEASE SEE ATTACHMENT FOR ANSWERS TO ITEMS 8, 9, 10, 11, 12, and 13.		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION <i>(Street and Number or other location. Give approximate an address or directions as possible.)</i> I	
		10. CLIENT TELEPHONE NUMBER <i>(Include Area Code)</i>	11. WORK LOCATION TELEPHONE NUMBER <i>(Include Area Code)</i>

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE APPROVED BY NRC <i>See attached</i>

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.)

Iridium 192 (100 curies or less)
Sealed Source AEA Technology QSA Model A424-9 for use in exposure device AEA Technology QSA Model 660 Radiographic 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. <i>(Attach four copies of the specific license must accompany the initial NRC Form 241.)</i>	LICENSE NUMBER 1112-1	STATE FL	EXPIRATION DATE 3/31/05
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19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- All information in this report is true and complete.
- 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.
- 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.
- 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 understand that conduct of any activities not described above, including conduct of activities at other 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) Lynn D. Shepard, RSO	SIGNATURE <i>Lynn D. Shepard</i>	DATE 06/28/02
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FOR NRC USE ONLY	REVIEWER Janice H. Kirby Licensing Assistant	SIGNATURE <i>Janice H. Kirby</i>	DATE 6/28/02	TOTAL USAGE - DAYS TO DATE
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ATTACHMENT

- ITEM 8** **Client name, address, city/country, state, zip code**
Island Mechanical Contractors
91-039 Hanua Street
Kapolci, HI 96707
USA
- ITEM 9** **Actual physical address of work location**
Chevron Port Allen
A & B Road
Elecle, HI 96710
- ITEM 10** **Client telephone number**
(808) 682-5353
- ITEM 11** **Work location telephone number**
(808) 227-3006
- ITEM 12** **Dates Scheduled**
7/01/02 - 8/31/02
- ITEM 13** **Number or work days**
5 days

000683

NRC FORM 241 (7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

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

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2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

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Lynn D. Shepard, RSO

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6. FACSIMILE NUMBER (Include Area Code) (561)241-0349

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- WELL LOGGING
 - LEAK TESTING AND/OR CALIBRATIONS
 - TELETHERAPY/IRRADIATOR SERVICE
 - PORTABLE GAUGES
 - OTHER (Specify) => _____
 - RADIOGRAPHY => _____
- REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) _____

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
PLEASE SEE ATTACHMENT FOR ANSWERS TO ITEMS 8, 9, 10, 11, 12, and 13.

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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

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Sealed Source AEA Technology QSA Model A424-9 for use in exposure device AEA Technology QSA Model 660 Radiographic Exposure Device

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LICENSE NUMBER: 1112-1 STATE: FL EXPIRATION DATE: 3/31/05

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CERTIFYING OFFICER - RSO or Management Representative (Name and Title) Lynn D. Shepard, RSO SIGNATURE: [Signature] DATE: 06/28/02

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FOR NRC USE ONLY: REVISOR: Janice H. Kirby, Licensing Assistant SIGNATURE: [Signature] DATE: 6/28/02 TOTAL USAGE - DAYS TO DATE: _____

ATTACHMENT

- ITEM 8 Client name, address, city/country, state, zip code**
Trans Pacific Group
P.O. Box 894089
Mililani, HI 96789
USA
- ITEM 9 Actual physical address of work location**
Hickam Air Force Base
Building 2117
Vehicle Resale Lot
Hickam Air Force Base HI, 96853
USA
- ITEM 10 Client telephone number**
(808) 423-9818
- ITEM 11 Work location telephone number**
(808) 423-9818
- ITEM 12 Dates Scheduled**
5/11/02 - 6/1/02
Extension Dates
7/01/02 - 8/30/02
- ITEM 13 Number of work days**
30 days
Estimated 3 days/week

000712

Need extension, project still ongoing.

NRC Location Reference No. 000712

ATTACHMENT

000714

- ITEM 8 **Client name, address, city/country, state, zip code**
The Gas Company
P.O. Box 3000
Honolulu, HI 96802-3000
USA
- ITEM 9 **Actual physical address of work location**
Citizens SNG Plant
91-390 Kauhi St.
Kapolei, HI 96707
USA
- ITEM 10 **Client telephone number**
(808) 673-4813
- ITEM 11 **Work location telephone number**
(808) 673-4813
- ITEM 12 **Dates Scheduled**
5/13/02- 6/1/02
Extension Dates
7/01/02 - 8/30/02
- ITEM 13 **Number or work days**
4 days

Need extension, project hasn't started yet.

NRC Location Reference No. 000714

ATTACHMENT

000715

- ITEM 8 **Client name, address, city/country, state, zip code**
Island Mechanical Contractors
P.O. Box 700399
Kapolei, HI 96709
USA
- ITEM 9 **Actual physical address of work location**
Island Mechanical Contractors
91-039 Hanua St.
Kapolei, HI 96707
- ITEM 10 **Client telephone number**
(808) 682-5353
- ITEM 11 **Work location telephone number**
(808) 682-5353
- ITEM 12 **Dates Scheduled**
5/14/02 - 6/1/02
Extension Dates
7/01/02 - 8/30/02
- ITEM 13 **Number of work days**
15 days

Need extension, project hasn't started yet.

NRC Location Reference No. 000715