

NRC FORM 241  
(7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3185-0013  
Estimated burden per response to comply with this mandatory collection request is 15 minutes. This collection is required so the 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-4 88), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to [6011@nrc.gov](mailto:6011@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, MCOB-10202, (205-4013), Office of Management and Budget, Washington, DC 20503. If a record used to appear on 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)<br>Engineering & Inspections Unlimited, Inc.                    |  | 2. TYPE OF REPORT<br><input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION |  |
| 3. ADDRESS OF LICENSEE (Mailing address or other location where records may be located)<br>5455 North Federal Highway<br>Suite I<br>Boca Raton, FL 33487 |  | 4. LICENSEE CONTACT AND TITLE<br>Lynn D. Shepard, RSO   |  |
|  |  | 5. TELEPHONE NUMBER (Include Area Code)<br>(561)241-0303  | 6. FACSIMILE NUMBER (Include Area Code)<br>(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       TELE THERAPY/IRRADIATOR SERVICE
- PORTABLE GAUGES       OTHER (Specify) => \_\_\_\_\_
- RADIOGRAPHY      REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBER) \_\_\_\_\_

|   |  |  |  |
|---|--|--|--|
| 8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE<br><br>PLEASE SEE ATTACHMENT FOR ANSWERS TO ITEMS 8, 9, 10, 11, 12, and 13. |  | 9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Should not duplicate or other location. Give an appropriate city address or direction as needed.) |  |
|   |  | 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 SUBMITTED BY NRC |

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. (Include description of the state license and approval for initial NRC Form 241.) | LICENSE NUMBER<br>1112-1 | STATE<br>FL | EXPIRATION DATE<br>3/31/05 |
|---|--------------------------|-------------|----------------------------|

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

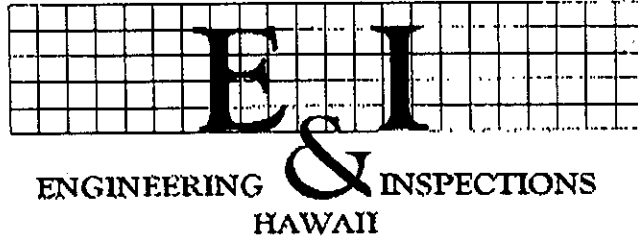
I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- 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 offshore 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 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)<br>Lynn D. Shepard, RSO | SIGNATURE<br> | DATE<br>9/4/02 |
|--|---------------|----------------|

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 materially false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

|                  |  |                |                            |
|------------------|--|----------------|----------------------------|
| FOR NRC USE ONLY | Janice H. Kirby<br>Licensing Assistant | DATE<br>9/1/02 | TOTAL USAGE - DAYS TO DATE |
|------------------|--|----------------|----------------------------|

**FAX TRANSMITTAL**

Date: September 4, 2002 Doc. No.: 2002-09-04  
To: Janice H. Kirby From: Scott Kinsella  
Company: U.S.N.R.C. Company: E & I Hawaii  
Tel.: 800-577-8510 Tel.: (808) 682-1667  
Fax.: 404-562-4955 Fax.: (808) 682-1834  
No. of Pages: 1 of 5

Subject: NRC FORM 241

Dear Ms. Kirby:

We would like to request the following additions in regards to our Radiographic activities.

See Attachments

Thank You

Sincerely,

Scott Kinsella  
Assistant RSO  
Engineering & Inspections Hawaii  
C.C./ Lynn Shepard

ATTACHMENT 1

ITEM 8 **Client name, address, city/country, state, zip code**  
 Island Mechanical Contractors  
 P.O. Box 700399  
 Kapolci, HI 96709

000715

ITEM 9 **Actual physical address of work location**  
 Salt Lake Blvd. Pipeline Replacement for Chevron/Hawaiian Electric Co.  
 Various Pipeline Digs along Salt Lake Blvd.  
 Intersection of Salt Lake Blvd & Kamehameha Hwy to  
 Intersection of Salt Lake Blvd. & Catiin Drive

ITEM 10 **Client telephone number**  
 (808) 651-3394

ITEM 11 **Work location telephone number**  
 (808) 651-3394

ITEM 12 **Dates Scheduled**  
 9/04/02 - 10/31/02

ITEM 13 **Number or work days**  
 30 Days

ATTACHMENT 2

- ITEM 8 **Client name, address, city/country, state, zip code**  
Island Mechanical Contractors  
P.O. Box 700399  
Kapolei, HI 96709
- ITEM 9 **Actual physical address of work location**  
Kapalama. Pipeline Replacement for Chevron  
Various Pipeline Digs along N. Nimitz Hwy  
From Chevron storage tanks at 933 N. Nimitz Hwy to  
Chevron Terminal at 777 N. Nimitz Hwy
- ITEM 10 **Client telephone number**  
(808) 651-3394
- ITEM 11 **Work location telephone number**  
(808) 651-3394
- ITEM 12 **Dates Scheduled**  
9/04/02 - 10/31/02
- ITEM 13 **Number of work days**  
20 Days

000715

ATTACHMENT 3

- ITEM 8 **Client name, address, city/country, state, zip code**  
Island Mechanical Contractors  
P.O. Box 700399  
Kapolei, HI 96709
- ITEM 9 **Actual physical address of work location**  
KoOlina Pipeline Replacement for Chevron  
Various Pipeline Digs along Aliinui Drive  
Intersection of Koio Drive & Aliinui Drive to  
Intersection of Olani Place. & Aliinui Drive
- ITEM 10 **Client telephone number**  
(808) 651-3394
- ITEM 11 **Work location telephone number**  
(808) 651-3394
- ITEM 12 **Dates Scheduled**  
9/04/02 - 10/31/02
- ITEM 13 **Number of work days**  
30 Days

000715