

NRC FORM 241  
(7/1/99)

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)

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

Engineering & Inspections Unlimited, Inc.

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

5455 North Federal Highway

Suite 1

Roca Raton, FL 33487

2. TYPE OF REPORT

INITIAL  REVISION  CLARIFICATION

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 150.29

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 Apartment or other location. Give an alternative for address or description as available.)

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

NUMBER TO BE  
REENTERED

000978

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

18. 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

19. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT  
ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 8.

LICENSE NUMBER

STATE

EXPIRATION DATE

1112-1

FL

3/31/05

20. 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 150.29 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 150.29 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 stated 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-site at 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

DATE

9/5/02

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 false statement or representation to any department or agency of the United States or to any officer while in his jurisdiction.

FOR NRC USE ONLY

RECORDING OFFICIAL (Name and Title)

David J. Collins, Health Physicist

DATE

9/6/2002

TOTAL USAGE

DAYS TO DATE

92

Checked the accuracy of entries

Division of Nuclear Materials Safety

USNRC Region II

This form was designed using before

ATTACHMENT 1

- ITEM 8      **Client name, address, city/country, state, zip code**  
Latigo Construction Inc.  
87-839 Farrington Hwy  
Waianae, HI 96792
  
- ITEM 9      **Actual physical address of work location**  
Equillon Enterprises  
3145 Waapa Road  
Lihue, Kauai, HI 96766
  
- ITEM 10     **Client telephone number**  
(808) 227-5022
  
- ITEM 11     **Work location telephone number**  
(808) 227-5022
  
- ITEM 12     **Dates Scheduled**  
9/09/02 – 9/30/02
  
- ITEM 13     **Number or work days**  
2 Days

LRN  
000 978