

NRC FORM 241
(7-1989)

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.

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

5455 North Federal Highway
Suite 1

Boca Raton, FL 33487

2. TYPE OF REPORT

INITIAL REVISION CLARIFICATION

4. LICENSE 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

TELE THERAPY/RADIATOR SERVICE

PORTABLE GAUGES

OTHER (Specify) =>

RADIOGRAPHY =>

REGISTERED AS USER OF PACKAGED (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION
(Street and Number or other location, plus any information on address or alternative as needed)

PLEASE SEE ATTACHMENT FOR ANSWERS TO
ITEMS 8, 9, 10, 11, 12, and 13.

10. CLIENT TELEPHONE NUMBER
(Include Area Code)

11. WORK LOCATION TELEPHONE NUMBER
(Include Area Code)

12. DATES SCHEDULED
FROM

TO

13. NUMBER OF
WORK DAYS

14.
ADD

15.
DELETE

16. LOCATION
REFERENCE NUMBER

NUMBER TO BE
A. CONTRACT NUMBER

17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE
(Include description of type and quantity of radioactive material, source, or device 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 ITEMS 8,
9, 10, 11, 12, 13, 14, 15, 16, AND 17

LICENSE NUMBER

1112-1

STATE

FL

EXPIRATION DATE

3/31/05

19. THE UNDERSIGNED, HEREBY CERTIFY THAT:

20. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

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 reported 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 118 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 listed work site location 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 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 submitters 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 voluntary false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

FOR NRC USE ONLY

REVIEW
Janice H. Kirby
Licensing Assistant

SIGNATURE

Janice H. Kirby

DATE

9/17/02

TOTAL USAGE - DAYS TO DATE

REVISION (If applicable)

This form was prepared using software



FAX TRANSMITTAL

Date: September 6, 2002 Doc. No.: 2002-09-06

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 3

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**
Walashek Industrial & Marine
91-291 Kallaeloa Blvd.
Unit # A-11
Kapolei, HI 96709

- ITEM 9 **Actual physical address of work location**
CSX Lines
Pier 51A Sand Island Access Rd.
Honolulu, HI 96819

- ITEM 10 **Client telephone number**
(808) 682-9475

- ITEM 11 **Work location telephone number**
(808) 682-9475

- ITEM 12 **Dates Scheduled**
9/09/02 - 9/11/02

- ITEM 13 **Number or work days**
1 Day

000997