

NRC FORM 241 (7-1000) 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)

APPROVED BY OMB: NO. 3160-0013 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, NE08-10202, (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.

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

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
 15861 Commerce Ct
 Upper Marlboro, MD
 20774-7412

4. LICENSEE CONTACT AND TITLE
 Jules D. Reese

5. TELEPHONE NUMBER (Include Area Code)
 (301) 218-5458

6. FACSIMILE NUMBER (Include Area Code)
 (301) 218-1170

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 (CERTIFICATES OF COMPLIANCE NUMBERS)

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

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as 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. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
10/13/03	10/17/03			4	

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)
 Sealed Source Troxler 3400 Series & CPN MC-1 DR NUCLEAR DENSITY GAUGES Containing: Cesium 137 (10 mCi) & Americium 241: Bc (40 mCi)

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.)

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 fines or criminal penalties.

CERTIFYING OFFICER - RSO of Management Representative (Name and Title)
 Jules D. Reese, RSO

SIGNATURE
[Signature]

DATE
 11/19/03

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FOR NRC USE ONLY

REVIEWING OFFICIAL (Typed/Printed Name and Title)
 John McRatten

SIGNATURE
[Signature]

DATE
 11/20/03

TOTAL USAGE - DAYS TO DATE
 164

NRC FORM 241 (7-1000)

PRINTED ON RECYCLED PAPER

⑤ 11/19/03

NRC FORM 241 (7-1000) U.S. NUCLEAR REGULATORY COMMISSION

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 Upper Marlboro, MD
 20774-7412

4. LICENSEE CONTACT AND TITLE
 Jules D. Reese

5. TELEPHONE NUMBER (Include Area Code) **6. FACSIMILE NUMBER** (Include Area Code)
 (301) 218-5458 (301) 218-1170

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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 NUMBERS)

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

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or direction 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. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
10/20/03	10/24/03	5		3	

17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.
 LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, source, or device to be used)
 Sealed Source Troxler 3400 Series & CPN MC-1 DR NUCLEAR DENSITY GAUGES Containing: Cesium 137 (10mCi) & Americium 241: Be (40mCi)

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

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)
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 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.
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 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.

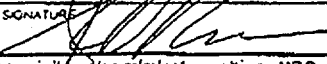
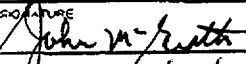
CERTIFYING OFFICER - RSO or Management Representative (Name and Title) **SIGNATURE** **DATE**
 Jules D. Reese, RSO *[Signature]* 11/19/03

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
		<i>[Signature]</i>	11/20/03	164

NRC FORM 241 (7-1000) PRINTED ON RECYCLED PAPER

② 11/19/03

NRC FORM 241 (7-1000)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3160-0013 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 (7-4 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bja1@nrc.gov, and to the Cost 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.		EXPIRES: 07/31/2002	
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) Independent Consultants & Engineers				2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION			
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 15861 Commerce Ct Upper Marlboro, MD 20774-7412				4. LICENSEE CONTACT AND TITLE Jules D. Reese			
				5. TELEPHONE NUMBER (Include Area Code) (301) 218-5458		6. FACSIMILE NUMBER (Include Area Code) (301) 218-1170	
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20 <input type="checkbox"/> WELL LOGGING <input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELE THERAPY/IRRADIATOR SERVICE <input checked="" type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) => _____ <input type="checkbox"/> RADIOGRAPHY => REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBER): _____							
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE All Clients				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or direction as possible)			
				10. CLIENT TELEPHONE NUMBER (Include Area Code)		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)	
12. DATES SCHEDULED FROM 10/27/03 TO 10/31/03		13. NUMBER OF WORK DAYS 5		14. ADD	15. DELETE 1	16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED 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.) Sealed Source Troxler 3400 Series & CPN MC-1DR NUCLEAR DENSITY GAUGES Containing: Cesium 137 (10mCi) & Americium 241 (40mCi)							
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
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) Jules D. Reese, RSO				SIGNATURE 		DATE 11/19/03	
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) John McRath		SIGNATURE 		DATE 11/20/03	TOTAL USAGE - DAYS TO DATE 164

⑤ 11/19/03

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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Independent Consultants & Engineers

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 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
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Upper Marlboro, MD
20774-7412**

4. LICENSEE CONTACT AND TITLE
Jules D. Reese

5. TELEPHONE NUMBER (Include Area Code) **(301) 218-5458**

6. FACSIMILE NUMBER (Include Area Code) **(301) 218-1170**

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 NUMBERS): _____

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

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12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
11/3/03	11/7/03	5		3	

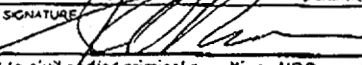
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Sealed Source Troxler 3400 Series & CPN MC-10R NUCLEAR DENSITY GAUGES Containing: Cesium 137 (10mCi) & Americium 241 (40mCi)

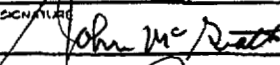
18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 8 ABOVE (Four copies of the specific license must accompany the initial NRC Form 241.)	LICENSE NUMBER	STATE	EXPIRATION DATE

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)
I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- All information in this report is true and complete.
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CERTIFYING OFFICER - RSO or Management Representative (Name and Title) **Jules D. Reese, RSO** SIGNATURE  DATE **11/19/03**

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FOR NRC USE ONLY	REVIEWING OFFICIAL (Typed Printed Name and Title)	SIGNATURE	DATE	TOTAL USAGE - DAYS TO DATE
	John McRae		11/10/03	167

(3) 11/19/03

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

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

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FROM	TO				NUMBER TO BE ASSIGNED BY NRC
11/10/03	11/14/03	5		5	

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)
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Jules D. Reese, RSO

SIGNATURE
[Signature]

DATE
11/19/03

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FOR NRC USE ONLY

REVIEWING OFFICIAL (Typed/Printed Name and Title)
John McQuate

DATE
11/20/03

TOTAL USAGE - DAYS TO DATE
164

NRC FORM 241 (7-1999)

PRINTED ON RECYCLED PAPER

@ 11/19/03

Nuclear Regulatory Commission Requirement
180 Days
NRC Reciprocity Activities

USAGE # (Do Not Fill In)	DATE	NUCLEAR ID #	PROJECT	RETURN
145	10/14	07147	Quantico	000854 Same day
146	10/20	07146	Air Passenger	000785
147	10/22	11629	Merrifield	000086
148	10/28	10825	Merrifield	000086
149	10/29	06846	Marine Ops	001120
150	10/30	07147	Marine Ops	001120
151	10/31	07147	Marine Ops	001120
-	10/31	10825	Merrifield	000086
152	11/4	07147	Arlington Cemetery	000087
153	11/7	07147	Arlington Cemetery	000087

164 days of usage as of 11/19/03 @

INDEPENDENT CONSULTANTS & ENGINEERS, INC.

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Ms Sheryl Villar	Shelly
COMPANY:	DATE:
NRC	11/19/03
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
610-337-5269	7
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
1-800-432-1156	
RE:	CC:
Reciprocity-deletions	

- URGENT
 FOR REVIEW
 PLEASE COMMENT
 PLEASE REPLY
 PLEASE RECYCLE

NOTES/COMMENTS:

Here are some days to be deleted. Have a nice Thanksgiving.

Shelly