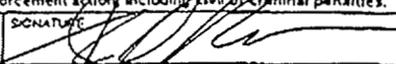
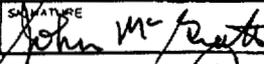
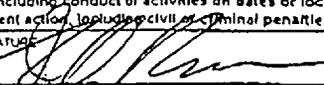
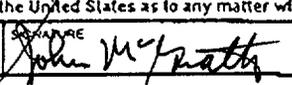
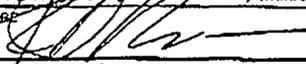
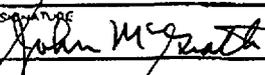
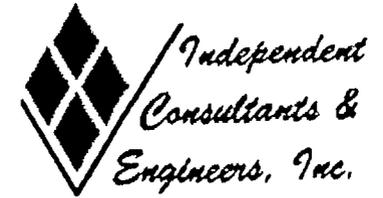


<b>NRC FORM 241</b> <small>(7-1000)</small>		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY OMB: NO. 2160-0013</b>		<b>EXPIRES: 07/31/2002</b>	
<p align="center"><b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</b></p> <p align="center"><i>(Please read the instructions before completing this form)</i></p>							
<b>1. NAME OF LICENSEE</b> <small>(Person or firm proposing to conduct the activities described below)</small> <i>Independent Consultants &amp; Engineers</i>				<b>2. TYPE OF REPORT</b> <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION			
<b>3. ADDRESS OF LICENSEE</b> <small>(Mailing address or other location where licensee may be located)</small> <i>15861 Commerce Ct Upper Marlboro, MD 20774-7412</i>				<b>4. LICENSEE CONTACT AND TITLE</b> <i>Jules D. Reese</i>			
				<b>5. TELEPHONE NUMBER</b> <small>(Include Area Code)</small> <i>(301) 218-5458</i>		<b>6. FACSIMILE NUMBER</b> <small>(Include Area Code)</small> <i>(301) 218-1170</i>	
<b>7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20</b> <input type="checkbox"/> WELL LOGGING <input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELETHERAPY/RADIATOR SERVICE <input checked="" type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) <i>⇒</i> _____ <input type="checkbox"/> RADIOGRAPHY <i>⇒</i> REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBERS) _____							
<b>8. CLIENT NAME, ADDRESS, CITY, COUNTY, STATE, ZIP CODE</b> <i>See Attached</i>				<b>9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION</b> <small>(Street and Number or other location. Give as complete an address or directions as possible.)</small> <i>See Attached</i>			
				<b>10. CLIENT TELEPHONE NUMBER</b> <small>(Include Area Code)</small>		<b>11. WORK LOCATION TELEPHONE NUMBER</b> <small>(Include Area Code)</small>	
<b>12. DATES SCHEDULED</b> FROM <i>DEC 15, 2003</i> TO <i>Dec 19, 2003</i>		<b>13. NUMBER OF WORK DAYS</b> <i>5</i>		<b>14. ADD</b> <i>5</i>		<b>15. DELETE</b>	
						<b>16. LOCATION REFERENCE NUMBER</b> NUMBER TO BE ASSIGNED BY NRC: <i>multiple</i>	
<b>17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.</b> <b>17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED</b> <small>(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)</small> <i>Sealed Source Troxler 3400 Series &amp; CPN MC-1 DR NUCLEAR DENSITY GAUGES Containing: Cesium 137 (10 mCi) &amp; Americium 241: Be (40 mCi)</i>							
<b>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.</b> <small>(Four copies of the specific license must accompany this Initial NRC Form 241.)</small>				<b>LICENSE NUMBER</b> <i>MD 33-154-01</i>		<b>STATE</b> <i>MD</i>	
				<b>EXPIRATION DATE</b> <i>10/31/06</i>			
<b>19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</b> I, THE UNDERSIGNED, HEREBY CERTIFY THAT: <ol style="list-style-type: none"> <li>All information in this report is true and complete.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ol>							
<b>CERTIFYING OFFICER - RSO or Management Representative (Name and Title)</b> <i>Jules D. Reese, RSO</i>				<b>SIGNATURE</b> 		<b>DATE</b> <i>12/1/03</i>	
<b>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.</b>							
<b>FOR NRC USE ONLY</b>		<b>REVIEWING OFFICIAL (Typed/Printed Name and Title)</b> <i>John McF...</i>		<b>SIGNATURE</b> 		<b>DATE</b> <i>12/2/03</i>	
						<b>TOTAL USAGE - DAYS TO DATE</b> <i>176</i>	
<small>NRC FORM 241 (7-1000)</small>							

NRC FORM 241 (7-1000) U.S. NUCLEAR REGULATORY COMMISSION <b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</b> <i>(Please read the instructions before completing this form)</i>		APPROVED BY OMB: NO. 3160-0012 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 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to b151@nrc.gov, and to the Desk 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.	
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) <b>Independent Consultants &amp; Engineers</b>		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) <b>15861 Commerce Ct Upper Marlboro, MD 20774-7412</b>		4. LICENSEE CONTACT AND TITLE <b>Jules D. Reese</b>	
		5. TELEPHONE NUMBER (Include Area Code) <b>(301) 218-5458</b>	6. FACSIMILE NUMBER (Include Area Code) <b>(301) 218-1170</b>
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"/> TELETHERAPY/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 NUMBERS) _____			
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE <b>See Attached</b>		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 FROM <b>Dec 22, 03</b> TO <b>Dec 26, 03</b>		13. NUMBER OF WORK DAYS <b>5</b>	14. ADD <b>4</b>
		15. DELETE	16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC
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, sealed sources, or devices to be used) <b>Sealed Source Troxler 3400 Series &amp; CPN MC-1DR NUCLEAR DENSITY GAUGES Containing: Cesium 137 (10mCi) &amp; Americium 241: Be (4mCi)</b>			
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 <b>MD 33-154-01</b>	STATE <b>MD</b>
		EXPIRATION DATE <b>10-31-06</b>	
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) <b>Jules D. Reese, RSO</b>		SIGNATURE 	DATE <b>12/1/03</b>
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) <b>John McPathy</b>	SIGNATURE 	DATE <b>12/8/03</b>
		TOTAL USAGE -- DAYS TO DATE	

NRC FORM 241 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0012      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-8 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to b1s1@nrc.gov, and to the Desk 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.	
<b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</b> (Please read the instructions before completing this form)					
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) <b>Independent Consultants &amp; Engineers</b>			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) <b>15861 Commerce Ct                  Upper Marlboro, MD                  20774-7412</b>			4. LICENSEE CONTACT AND TITLE <b>Jules D. Reese</b>		
			5. TELEPHONE NUMBER (include Area Code) <b>(301) 218-5458</b>	6. FACSIMILE NUMBER (include Area Code) <b>(301) 218-1170</b>	
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"/> TELETHERAPY/RADIATOR SERVICE <input checked="" type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> RADIOGRAPHY    ⇒    REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) _____					
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE <b>See Attached</b>			9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address of 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
Dec 29, 03	Dec 31, 03	3	3		
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) <b>Sealed Source Troxler 3400 Series &amp; CPN MC-1 DR NUCLEAR DENSITY GAUGES Containing: Ces-um 137 (10 m Ci) &amp; Americium 241: Be (40 m Ci)</b>					
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 <b>MD 33-154-01</b>	STATE <b>MD</b>	EXPIRATION DATE <b>10-31-06</b>
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 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 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) <b>Jules D. Reese, RSO</b>			SIGNATURE 	DATE <b>12/1/03</b>	
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 <b>12/2/03</b>	TOTAL USAGE - DAYS TO DATE



Projected NRC Usage 2003

Project Name	Estimated Schedule*		
AMSA	12/15-19	12/22-24, 26	12/29-31
Air Passenger Terminal Force Protection	12/15-19	12/22-24, 26	12/29-31
Andrews AFB	12/15-19	12/22-24, 26	12/29-31
Cleveland Elementary School	12/15-19	12/22-24, 26	12/29-31
ELC Consolidation	12/15-19	12/22-24, 26	12/29-31
White Oak Federal Research Center	12/15-19	12/22-24, 26	12/29-31
400 Massachusetts Avenue	12/15-19	12/22-24, 26	12/29-31
Colonial Terrace	12/15-19	12/22-24, 26	12/29-31
Secret Service	12/15-19	12/22-24, 26	12/29-31
Seven Corners Public Storage	12/15-19	12/22-24, 26	12/29-31
Merrifield Office Building	12/15-19	12/22-24, 26	12/29-31
Arlington National Cemetery	12/15-19	12/22-24, 26	12/29-31
Aquatic Resources Edu. Cntr.	12/15-19	12/22-24, 26	12/29-31
Armory/Fleet Weapons Support Facility	12/15-19	12/22-24, 26	12/29-31
CATBOW Restaurant	12/15-19	12/22-24, 26	12/29-31
Bonfish-Gainesville	12/15-19	12/22-24, 26	12/29-31
Marine Ops	12/15-19	12/22-24, 26	12/29-31
Use Days:	5	4	3
Total Use Day 12/15-31/03:			12
Total Use Days thru 12/14/03:			168

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 001122  
 001120

\* Estimated Schedule is our best guess as to when services may be scheduled by the clients. No weekend work is currently anticipated; therefore, a 5-day duration is assumed to be a workweek Monday-Friday.