March 18, 2005

Ms. Jenny Johanson Nuclear Regulatory Commission (NRC) FAX (610) 337-5269

03036436

NRC License 09-30873-01, CPN Model CPN 131



#### Dear Ms. Johanson:

Re:

Per the requirements included in the NRC permit issued to J.J. Sosa & Associates, Inc. (JJSA) we would like to update the permit file. JJSA has named Mr. Robert Provost as Radiation Safety Officer (RSO) replacing Mr. Derrick Richcreek who is no longer employed by the firm. As we discussed during our telephone conversation, the above referenced source is still being used for a paving project at a U. S. Navy facility in Andros Island, Bahamas. Based on the schedule, the equipment should be returning to Florida sometime in the summer of this year. We have individuals trained by the equipment manufacturer to use the equipment, they work very closely with Mr. Provost to ensure the safe use of the equipment and secure it. We are attaching copies of the training certificates issued to our field quality control inspectors.

In addition, we have notified the State of Florida Department of Health to include the source under our general permit issued to operate the X-Ray Fluorescence Analyzer (XRF) we own and use to evaluate paints and determine their lead content. Copy of the Florida General Permit is attached as well.

Should you need additional information, do not hesitate to contact Mr. Provost or myself at (813) 888-6525.

J.J. Sosa & Associates, Inc.

Josell. Sosa, PE, CIH, CGC

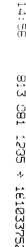
President

Attachments

Cc: Mr. Provost, License File

6911 Pistol Range Road Suite 101 Tampa, Pt. 33635-9613 Tcl: 813-888-6525 Fax. 813-881-1285

136745



# Certificate Of Completion

This is to certify that	WILLIAM L	DOBSON, JR.	has co	mpleted the
basic CPN® training course on Radiation Safety and Use of Nuclear Gauges,				
held thisFOURTH	_ day of	MARCH	2004	in the
City of CLEARWATER	State of	FLORIDA	by CPN Inc	ternational.

CPN International, Inc. 2830 Howe Road Mertinuz, CA 94553 USA Phone: (925) 228-9770 Fax: (925) 228-3183



MARCH 4, 2007

Florida DOT Expiration Date



FLORIDA DEPARTMENT OF HEALTH

Jeb Bush Governor John O. Agaunobi, M.D., M.B.A. Secretary

October 18, 2004

### Dear Licensee:

We would like to inform you that we have received your payment for license number G1058-1 for JJ Sosa & Associates in Tampa, FL. This payment is valid until June 30, 2005. Your next billing cycle will begin in May 1, 2005 and payment will be due by June 30, 2005.

We thank you for your prompt payment and your assistance with your inventory information. Please call our office at 850-245-4545 if you should have any questions or concerns.

Sincerely,

Senior Clerk

Diane moi

Bureau of Radiation Control, Radioactive Materials



Jeb Bush Governor John O. Agwunobi, M.D., M.B.A.

THIS IS AN INVOICE

May 1, 2004

JJ Sosa & Associates Jose Sosa 5811 Memorial Highway #207 Tampa, FL 33615-

4281

Dear General Licensee:

Chapter 64E-5, "Control of Radiation Hazards," Florida Administrative Code (F.A.C.) provides for a General License authorizing receipt, possession and use of certain radioactive materials and sets forth requirements to which the General Licensee is subjected as specified in subsections 64E-5,206(1) and (4), F.A.C.

Our records indicate that license number G1058-1 possesses 1 generally licensed device, which are listed on the enclosed form (2 copies). If the radioactive material is no longer in your possession, line through the item(s) and indicate the material was transferred, and include documentation of the transfer.

If additional devices have been received, update the inventory list.

By authority of subparagraphs 64E-5.204(1)(c)1 and 2, F.A.C., a \$25.00 fee is required for possession of each device containing radioactive material under a General License. Please remit \$25.00 for the 1 device and one copy of the inventory indicating it is correct or remit the fee of \$25.00 for each device you possess with a copy of the updated inventory. Retain one copy of the inventory for your files. Be advised that the inventory cannot be reduced without documentation indicating disposition of the devices. The annual fee for 2004 is due by June 30, 2004. Payment may be made by check, money order or journal transfer(JT) (JT code: 64-20-2-569004-64200600-00-001903-00/ PLEASE PROVIDE THIS OFFICE WITH A COPY OF THE EXECUTED JT) and made payable to:

> DOH-Bureau of Radiation Control Radioactive Materials Section 4052 Bald Cypress Way, BIN C21 Tallahassee FL 32399-1741

6007.10

We also require you to verify and update information regarding the devices containing radioactive materials. Please complete the attachment and submit it with your payment You should make a copy of this for your records. If you have any questions, please contact us at (850) 245-4545.

Sincerely,

Radioactive Materials Section

**Enclosures** 

Bureau of Radiation Control • Radioactive Materials Section (SC) 205-4545 Bin #C21 • 4052 Bald Cypress Way • Tallahassee, FL 32399-1741 Fax (850) 921-6364 (SC) 291-6364

Phone (850) 245-4545

# **Certification and Verification Statement**

License Number: G1058-1 A. Submit the name, title and phone number of the individual who has authority to take required action to ensure day to day compliance with applicable regulations B. Submit the general licensee name and mailing address: Check if correct or submit corrections. JJ Sosa & Associates, 5811 Memorial Highway #207 Tampa, FL 33615-NAME C. Verify manufacturer's name, model number, serial number, radioisotope and activity for EACH device listed on the attachment by a physical inventory and checking the label on the device. Check if this attachment information is correct. OR Check if corrections are made on the attachment and enclosed with payment. D. Provide the address or location of EACH device used or stored. For portable devices list the address of the primary place of storage. Check if this information is included on the attachment and enclosed with payment; OR List location/address for each device below (Use additional sheets as needed) Pistol Range Kd Jampa

I certify that the information concerning the devices has been verified through a physical inventory and checking with the label information and that the responsible individual is aware of the requirements of the general license.

(Must be signed by responsible individual (A above) or certifying official for the company.)

b) Form

c) Maximum Amount

#### For CPN Model MC:

# Item 5

a) Element

& Mass Number		
1) Cesium 137	Sealed Source	No single source
	(CPN Model CPN-131)	to exceed 10 millicures
2) Americium 241/Be	Sealed source	No single source
	(CPN Model CPN-131)	to exceed 50
		millicures

# Item 6

For use in CPN Model MC series moisture/density gauges to measure properties of construction and other materials.

# Item 7

Derek Richcreek: Radiation Safety Officer. Certificate of Completion attached.

# Item 8

All users shall be trained. The RSO shall retain for inspection, Certificates of Completion from a manufacturer's authorized training class.

#### Item 9

See attached Permanent Storage Location, Radiation Safety Plan.

#### Item 10

See attached Radiation Safety Plan.

#### Item 11

The gauge(s) will only be returned to the manufacturer or transferred to an authorized licensee.

#### Item 12

Sealed sources in portable density, moisture and asphalt content guages are in NRC Fee Schedule Category 3P. Check with your NRC Regional Officer for current fees.

Jose J. Sosa, President

January 16, 2004

Date

•	ceipt of your letter/application dated			
includes an administrative rev	, and to inform you that the initial processing which riew has been performed.			
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.				
Please provide to this office within 30 days of your receipt of this card				
	en forwarded to our License Fee & Accounts Receivable separately if there is a fee issue involved.			
Your action has been assigne When calling to inquire about You may call us on (610) 337	this action, please refer to this control number.			
NRC FORM 532 (RI) (6-98)	Sincerely, Licensing Assistance Team Leader			

	: (FOR LFMS USE) : INFORMATION FROM LTS
BETWEEN:	:
License Fee Management Branch, ARM and Regional Licensing Sections	: Program Code: 03121 : Status Code: 0 : Fee Category: 3P : Exp. Date: 20140228 : Fee Comments: Decom Fin Assur Reqd: N
LICENSE FEE TRANSMITTAL	
A. REGION <u></u>	
1. APPLICATION ATTACHED Applicant/Licensee: J.J. SOSA & Received Date: 20050318 Docket No: 3036486 Control No.: 136745 License No.: 09-30873-01 Action Type: Amendment	
2. FEE ATTACHED Amount: Check No.:	
3. COMMENTS Signe Date	- tho los
B. LICENSE FEE MANAGEMENT BRANCH (Ch	neck when milestone 03 is entered //)
1. Fee Category and Amount:	
2. Correct Fee Paid. Application m Amendment Renewal License	may be processed for:
3. OTHER	
Signe	

Date