

TO: NRC RACHEL  
FAX: 817-860-8263

FROM: NVI INC. SUSIE  
Phone 504-362-5477 Fax 504-368-3690

NRC FORM 241 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NOL 3150-0013 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 (T-6 ES), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to <a href="mailto:1318@nrc.gov">1318@nrc.gov</a> , 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.		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)  NVI, INC.				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)  2221 ARLINGTON AVE. HARVEY, LA 70058				4. LICENSEE CONTACT AND TITLE  RANDY WAINWRIGHT			
				5. TELEPHONE NUMBER (Include Area Code) 504-362-5477		6. FACSIMILE NUMBER (Include Area Code) 504-368-3690	
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL GIVEN IN 10 CFR 150.20  <input type="checkbox"/> WELL LOGGING <input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> THERAPY/IRRADIATION SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) → _____ <input checked="" type="checkbox"/> RADIOGRAPHY → REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) USA/19263/B(U)							
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE Exxon/Mobil 1555 Poydras St. NEW ORLEANS, LA. 70012 Attn: Mike Herron				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address as possible.) FIELD MP 283 CONTACT Mike or Ray PHONE 504-561-4567			
10. CLIENT TELEPHONE NUMBER (Include Area Code)				11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)			
12. DATES SCHEDULED FROM 6/3/03 TO 6/6/03		13. NUMBER OF WORK DAYS 4		14. ADD		15. DELETE	
						16. LOCATION REFERENCE NUMBER NUMBER TO BE ASSIGNED BY NRC # 172	
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.) IR 192 Model Spec 150 S/N 09914 B Curies 77.9 ISO/ANST C63535							
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 LA-5601 L01		STATE LA	
				EXPIRATION DATE 6/30/03		②	
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) Randy Wainwright RSO				SIGNATURE [Signature] DATE 6/5/03			
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) Rachel S. Browder Health Physicist		SIGNATURE [Signature]		DATE 6/6/03	
						TOTAL USAGE - DAYS TO DATE	

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<b>NRC FORM 241</b> (7-1998)		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY ORR: NCI 3155-0018</b> 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-4 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to <a href="mailto:rs1@nrc.gov">rs1@nrc.gov</a> , 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>EXPIRES: 07/31/2002</b> JUN - 2003	
<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)							
<b>1. NAME OF LICENSEE</b> (Print or type, providing the activity described below) Nondestructive & Visual Inspection				<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> (Mailing address or other location where licensee may be reached) 309 Zachary Drive Scott, LA 70583				<b>4. LICENSEE CONTACT AND TITLE</b> Steve Ercoli, V.P.			
				<b>5. TELEPHONE NUMBER</b> (Include Area Code) (337) 237-9902		<b>6. FACSIMILE NUMBER</b> (Include Area Code) (337) 237-8760	
<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"/> THERAPY RADIATION SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) _____ <input checked="" type="checkbox"/> RADIOGRAPHY <input type="checkbox"/> ILLUSTRATED AS USER OF PACKAGING (ENHANCEMENT OF COMPLIANCE NUMBERS)							
<b>8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE</b> BP, America Inc. 200 Westlake Park Blvd. Houston, TX 77075				<b>9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION</b> (Street and Number or other location. Give as complete an address as possible) B.P. W-C 71-D			
				<b>10. CLIENT TELEPHONE NUMBER</b> (Include Area Code) 337-735-5773		<b>11. WORK LOCATION TELEPHONE NUMBER</b> (Include Area Code)	
<b>12. DATES SCHEDULED</b> FROM TO 6-5-03 6-16-03		<b>13. NUMBER OF WORK DAYS</b>		<b>14. ADD</b>		<b>15. DELETE</b>	
						<b>16. LOCATION REFERENCE NUMBER</b> NUMBER TO BE ASSIGNED BY NRC BP # 101 R15	
<b>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> (Include description of type and quantity of radioactive material, sealed source, or radionuclide to be used) IR 192 SPEC 150 S/N 577 S/N 02831-13 18 cur							
<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 8 ABOVE.</b> (Four copies of the specific license must accompany the initial NRC Form 241)				<b>LICENSE NUMBER</b> LA-6501-L01		<b>STATE</b> LA	
				<b>EXPIRATION DATE</b> 5/31/2003			
<b>19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</b> 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 100 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.							
<b>CERTIFYING OFFICER: RSO or Management Representative (Name and Title)</b> STEVE ERCOLI				<b>SIGNATURE</b> 		<b>DATE</b> 6-5-03	
<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. If 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> Rachel S. Browder Health Physicist		<b>SIGNATURE</b> 		<b>DATE</b> 6/6/03	
						<b>TOTAL USAGE - DAYS TO DATE</b>	

NRC FORM 241 (7-1998)

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