
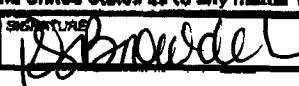


NRC FORM 241 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3168-0013 Estimated burden per response to comply with this mandatory collection request: 15 minutes. This notification is required so that NRC may schedule inspection of the activities to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Send comments regarding burden estimates to the Records Management Branch (1-4 EN), U.S. Nuclear Regulatory Commission, Washington, DC 20545-0001, or by internet e-mail to hse1@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.	
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS (Please read the instructions before completing this form)				2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION	
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) CAN USA, Inc.				4. LICENSEE CONTACT AND TITLE Dwight Witter - RSO	
3. ADDRESS OF LICENSEE (Mailing address or other location where license may be issued) 5132 Taravella Road Marrero, LA 70072				5. TELEPHONE NUMBER (Include Area Code) (504) 328-1567	6. FACSIMILE NUMBER (Include Area Code) (504) 341-0608
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 type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) \Rightarrow _____ <input checked="" type="checkbox"/> RADIOGRAPHY \Rightarrow REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) USA/9283/B(U)					
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE Shell Offshore, Inc. One Shell Square Julia Street New Orleans, LA				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give an alternate address or directions as possible.) MAIN PASS 252 OFFSHORE GULF OF MEXICO	
10. CLIENT TELEPHONE NUMBER (Include Area Code) (504) 728-4603				11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) (504) 728	
12. DATES SCHEDULED FROM 10/29/03 TO 11/7/03		13. NUMBER OF WORK DAYS 8	14. ADO XX	15. DELETE	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 8-16 ABOVE.					
17. 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.) ≈ 40 Curies Ir 192 in AEA 660B 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 ITEM 8 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)				LICENSE NUMBER LA-10258-101	STATE LA
				EXPIRATION DATE 7-31-2004	
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) Dwight Witter - RSO				SIGNATURE 	DATE 10/27/03
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	SIGNATURE 	DATE 10/30/03	TOTAL USAGE - DAYS TO DATE	

NRC FORM 241 (7-1999)

PRINTED ON RECYCLED PAPER

Health Physicist

ADAMS # _____
Template _____
Date ____/____/____ QC'd by _____

Attention: Christi Maier - Nuclear Material Licensing Branch 817 860-8263

NRC FORM 241 (7-1999)		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 (7-5 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to h1e1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOS-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) CAN USA, 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) 5132 TARAVELLA ROAD MARRERO, LA 70072				4. LICENSEE CONTACT AND TITLE DWIGHT WITTER - RSO			
				5. TELEPHONE NUMBER (Include Area Code) 504 328-1567		6. FACSIMILE NUMBER (Include Area Code) 504 311-0608	
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"/> THERAPY/RADIATION SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> _____ <input checked="" type="checkbox"/> RADIOGRAPHY <input checked="" type="checkbox"/> REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) <u>IIA/9283/B(II)-85</u>							
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE SHELL OFFSHORE, INC. ONE SHELL SQUARE NEW ORLEANS, LA 70161				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give or complete an address or locations as possible.) VK-956-A			
				10. CLIENT TELEPHONE NUMBER (Include Area Code) 504 728-7498		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 504-728-1004	
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD		15. DELETE	
FROM TO							
11/10/03 11/16/03		7		X			
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.							
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.) IR192 in Amersham GAB CONTAINER							
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 LA-10258-L01		STATE LA	
						EXPIRATION DATE 7/31/02	
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's 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) Dwight Witter - Radiation Safety Officer				SIGNATURE <i>Dwight Witter</i>		DATE 11/7/03	
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		SIGNATURE <i>R. Browder</i>		DATE 11-10-03	
		Health Physicist				TOTAL USAGE - DAYS TO DATE	

Attention: Christi Maier - Nuclear Material Licensing Branch 817 860-3263

NRC FORM 241 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 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-8 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, NEOS-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.	
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)			2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION		
CAN USA, INC.					
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)			4. LICENSEE CONTACT AND TITLE		
5132 TARAVELLA ROAD MARRERO, LA 70072			DWIGHT WITTER - RSO		
			5. TELEPHONE NUMBER (Include Area Code)		6. FACSIMILE NUMBER (Include Area Code)
			504 328-1567		504 341-0608
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/IRRADIATION SERVICE					
<input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify):					
<input checked="" type="checkbox"/> RADIOGRAPHY <input checked="" type="checkbox"/> REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) USA/9283/B(II)-85					
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE			9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)		
SHELL OFFSHORE, INC. ONE SHELL SQUARE NEW ORLEANS, LA 70161			MP-252 "A"		
			10. CLIENT TELEPHONE NUMBER (Include Area Code)		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
			504 728-7498		504 728-8218
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				
11/8/03	8/21/03	14	X		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.)					
IR-192 10 Amer sham 660 B container 100 ci. IR-192 10 Amer sham 660 B container 40 ci.					
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
			LA-10258-L01		LA 7/31/02
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)			SIGNATURE		DATE
Dwight Witter - Radiation Safety Officer			[Signature]		11/7/03
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	
		Rachel S. Browder		[Signature]	
		Health Physicist		DATE 11-10-03	
				TOTAL USAGE - DAYS TO DATE	

Attention: Christi Maier - Nuclear Material Licensing Branch 817 860-3263

NRC FORM 241 (7-1999)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 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-8 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to b1e1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOS-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)				2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION			
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)				3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)			
CAN USA, INC.				5132 TARAVELLA ROAD MARRERO, LA 70072			
4. LICENSEE CONTACT AND TITLE				5. TELEPHONE NUMBER (Include Area Code)			
DWIGHT WITTER - RSO				504 328-1567			
6. FACSIMILE NUMBER (Include Area Code)				7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20			
504 341-0608				<input type="checkbox"/> WELL LOGGING <input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELETHERAPY/RADIATION SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) <input checked="" type="checkbox"/> RADIOGRAPHY <input checked="" type="checkbox"/> REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) HSA/9283/B(U)-85			
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address as possible.)			
SHELL OFFSHORE, INC. ONE SHELL SQUARE NEW ORLEANS, LA 70161				MC-194 "A"			
10. CLIENT TELEPHONE NUMBER (Include Area Code)				11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)			
504 728-7498				504 728-7792			
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD		15. DELETE	
FROM 11/15/03 TO 11/28/03		14		X		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.)							
IR192 in Amer sham GLOB Container							
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-10258-L01		STATE LA	
						EXPIRATION DATE 7/31/02	
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)				SIGNATURE		DATE	
Dwight Witter - Radiation Safety Officer				[Signature]		11/7/03	
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	
		Rachel S. Browder		[Signature]		11-10-03	
		Health Physicist				TOTAL USAGE - DAYS TO DATE	