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June 30, 2015

CERTIFIED MAIL: 7014 0150 0001 4528 3913

Office of Federal and State Materials and Environmental Management Programs
ATTN: GLTS, U.S. Nuclear Regulatory Commission
Washington, D.C. 20555-0001.

Director:

Imperial Irrigation District (IID) recently disposed of eleven (11) tritium EXIT sign. Enclosed is the required information to be filed with the Nuclear Regulatory Commission (NRC).

The device manufacturer's (or distributor's) name, model number, serial number, and date of the transfer is on the enclosed spreadsheet or bill of lading.

The name, address, and license number of the entity receiving the devices are as follow:

SRB Technologies Inc., 2580 Landmark Drive Winston-Salem, NC 27103-6716

License number: 034-0534-2

If there is a need for additional information please contact me at my office phone: 760-339-9850 or email: jarurner@iid.com.

Sincerely yours,

Jerry A. Turner, MPA
Supervisor Hazardous Materials & Waste
Imperial Irrigation District

[illegible]

STRAIGHT BILL OF LADING—ORIGINAL—NOT NEGOTIABLE

SHIPPER NO. BOL-180319-B

CARRIER NO. _____

DATE 5/21/15

Environmental Logistics - Bloomington CAR000172480

CONSIGNEE Chase Environmental Group, Inc		FROM SHIPPER Imperial Irrigation District	
STREET 11450 Watterson Court		STREET 333 E. Barioni Blvd	
PHONE: _____		PHONE: 760-339-9850	
DESTINATION Louisville	STATE KY	ZIP 40299	ORIGIN Imperial
STATE CA		ZIP 9225	
VEHICLE NUMBER		DATE (DDMMYY)	

Number and Type of Packages	HM	Description of Articles	Total Quantity (mass, volume, or activity)	Weight (subject to correction)	Class or Rate
0 CF		Tritium Exit Signs Tritium Exit Signs	1x CF	2.2	
0					
0					
0					

Permit COD to:	Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	COD AMT:	COD FEE:
Address:		\$	Prepaid <input type="checkbox"/> Collect <input type="checkbox"/>
City:	State:	Zip:	TOTAL CHARGES:
NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby critically stated by the shipper to be not exceeding \$ Per			FREIGHT CHARGES
			<input type="checkbox"/> Prepaid <input type="checkbox"/> Collect

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to shipper, on request; and all applicable state and federal regulations; the Property described above, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated, which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to delivery at said destination, if on its route, or otherwise refer to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said Property over all or any portion of said route to destination and as to each party at any time interested in all or any of said Property that each to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

Shipper certifies that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. PER

SHIPPER: [Signature]	CARRIER: F-I
PER: [Signature]	DATE: 05/21/15

EMERGENCY RESPONSE TELEPHONE NUMBER: 800 424-9300	NAME OR CONTRACT NUMBER OR OTHER UNIQUE IDENTIFIER
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