PRINTED ON RECYCLED PAPER

From:

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NRC FORM 241 U.S. NUCLEAR REGU	ORM 241 U.S. NUCLEAR REGULATORY COMMISSION				3150-001 nse to cor	3 nply with this	XPIRES: 07/31/2002 mendatory collection	
(1.1465)			achedule inspection of the activities to ensure that they are conducted in					
REPORT OF PROPOSED ACTIVITIES IN			safety. Send comments regarding burden estimate to the Records					
NON-AGREEMENT STATES, AREAS	OF EXCLUSI'	VE	Washington, DC 20555-0001, or by internet e-mail to bis1 one. or and to the Deak Officer, Office of Information and Paguistan, Affeire					
FEDERAL JURISDICTION, OR OFFSI	RS	APPROVED BY OMB: NO. 3150-0013 EXPINES: 07/31/2002 Estimated burden per response to comply with this mendatory collection request: 15 minutes. This notification is required so that NRC may achedule 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 20535-0001, or by Internet e-mail to bis1@nro.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 deplay a currently wall OMB control number, the NRC may not conduct or sponsor, and a person is not required to						
(Please read the instructions before comple	NRC may not conduct or aponsor, 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)			2. TYPE OF REPORT					
John Turner Consulting Inc.			☐ INITIAL ☐ REVISION ☐ CLARIFICATION					
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee	4. LICENSEE CO	NTACT AND TI	TLE					
318 Control Avenue.			John Turner President/SRO					
Dover W.H. 03820			5. TELEPHONE NUMBER (Include Area Code) (Include Area Code)					
			(603) 2+				43-3370	
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 160.20								
WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/IRRADIATOR SERVICE								
PORTABLE GAUGES OTHER (Specify)								
	′		CONCURS NOT NOT	· rambos				
RADIOGRAPHY ->> REGISTERED AS USER OF	PACKAGING (CERTIFICAT	TES UF	COMPLIANCE NU	MBERS				
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE  8. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)								
Portland Diversified Services. (Sweet and Number or other location. Give as complete an address or directions as possible.)  BUE. #92 Portsmooth Novem Shippard.								
P.O. Box 1869								
Portland Diversified Services.  P.O. Box 1869  Portland Mineral Services.  P.O. Box 1869  Ritter ME.								
	10. CLIENT TELEF			ode) (Include Area Code)				
(307) 880								
12. DATES SCHEDULED	13. NUMBER OF WORK DAYS		14. ADD	16. DELE			LOCATION ENCE NUMBER	
FROM TO						NUMBER TO ASSIGNED B		
. 3/1/oa 3/12/oa.	೩				ļ	000	407	
LIST ADDITIONAL WORK SITES ON SEPARATE SI	HEET(S) TO INCLUI	DE AL	L INFORMATI	ON CONTA	INED IN	ITEMS 9-1	6 ABOVE.	
17 LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED LISED INSTALLED SERVICED OR TESTED								
(Include description of type and quantity of radioactive material, scaled sources, or devices to be used.) Casion 187  Tracker Nuclear Direct sauge								
Troxler Nuclear Dirity gauge  Compaction of Soils  Americian 2413 Be								
						-VOIDATION	A.PF	
18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UND ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, A ABOVE. (Four copies of the specific license must accompany the li.	ERSIGNED TO CONDUCT S SPECIFIED IN ITEM 9. InHIAI NRC FORD 241.)	ſ	LICENSE NUMBER	_	STATE	Sone		
	ON (MUST BE COM	<b>IPLET</b>						
I, THE UNDERSIGNED, HEREBY CERTIFY THAT:	•			•			1	
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								
b. I have read and understand the provision of the general is required to comply with these provisions as to all byprod offshore waters under the general license for which this is	duct, source, or specia	al nucle	ear material whi	ch i possess	s and use			
o. I understand that activities, including storage, conducted	d in non-Agreement St	tates u	nder general lic	ense 10 CFR	t 190.20 a	re 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.  a. 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.								
Steve Range) Field Management Representative (Name and Title)	SIGNATURE					3/7/02.		
WARNING: False statements in this certificate may be sub the NRC be complete and accurate in all material respects. statement or representation to any department or agency o	. 18 U.S.C. Section 1	1001 n	nakes it a crin	ninal offens	se to ma	ke a willful	submissions to ly false	
FOR NRC REVIEWING OFFICIAL (Typed/Printed Name and Title)	SIGNATURE			DATE	/		E DAYS TO DATE	
USE ONLY	John n	4-1	Date	3/8/	02	á	?	

(5)3/7/02

From:

Offices: Dover, NH Manchester, NH N, Chelmsford, MA GEOTECHNICAL CONSULTING SITE INSPECTIONS MATERIAL TESTING

## JOHN TURNER CONSULTING, INC.

March 7, 2002

United States Nuclear Regulatory Commission 475 Allendale Road King of Prussia, Pa 19406-1415

To Sheryl Villar,

This letter is informing you that the five days that we had requested on 2/20/02 were not used. The contractor that we are working for canceled the testing for those days. We would request that these days be credited back to our account.

· Steve Randall

Steve Randall Field Manager

**TEAMWORK** 

818 Central Avenue, Dover, NH 603-749-1841 Fax: 603-743-3370