

<b>NRC FORM 241</b> <small>(7-1999)</small>		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY OMB: NO. 3150-0013</b> <small>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 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, 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.</small>	
<b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</b> <i>(Please read the instructions before completing this form)</i>				<b>EXPIRES: 07/31/2002</b>	
<b>1. NAME OF LICENSEE</b> <small>(Person or firm proposing to conduct the activities described below)</small> Construction Materials Testing, Inc.		<b>2. TYPE OF REPORT</b> <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION			
<b>3. ADDRESS OF LICENSEE</b> <small>(Mailing address or other location where licensee may be located)</small> 88 S. Whitefield Road Whitefield, NH 03598		<b>4. LICENSEE CONTACT AND TITLE</b> Susan F. Dean RSO/President		<b>5. TELEPHONE NUMBER</b> <small>(include Area Code)</small> (603) 837-9332	
				<b>6. FACSIMILE NUMBER</b> <small>(include Area Code)</small> 837-9335	
<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"/> TELE THERAPY/IRRADIATOR SERVICE	
<input checked="" type="checkbox"/> PORTABLE GAUGES		<input type="checkbox"/> OTHER (Specify) ⇒ _____			
<input type="checkbox"/> RADIOGRAPHY ⇒ _____		REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) _____			
<b>8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE</b> NSA Industries Inc. PO Box 54 Lyndonville, VT 05851			<b>9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION</b> <small>(Street and Number or other location. Give as complete an address or directions as possible.)</small> NSA Industries R45 Lyndonville, VT		
			<b>10. CLIENT TELEPHONE NUMBER</b> <small>(include Area Code)</small>		<b>11. WORK LOCATION TELEPHONE NUMBER</b> <small>(include Area Code)</small>
<b>12. DATES SCHEDULED</b>		<b>13. NUMBER OF WORK DAYS</b>	<b>14. ADD</b>	<b>15. DELETE</b>	<b>16. LOCATION REFERENCE NUMBER</b>
FROM	TO	96			NUMBER TO BE ASSIGNED BY NRC 000780
June 6	Oct 19, 02				
<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> <small>(include description of type and quantity of radioactive material, sealed sources, or devices to be used.)</small> Portable density/moisture gauge 8mCi-Cesium 137, Americium 241, Beryllium 40 m					
<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 9. ABOVE.</b> <small>(Four copies of the specific license must accompany the initial NRC Form 241.)</small>			<b>LICENSE NUMBER</b> 419	<b>STATE</b> NH	<b>EXPIRATION DATE</b> 4/30/02
<b>19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</b>					
<b>I, THE UNDERSIGNED, HEREBY CERTIFY THAT:</b>					
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.					
<b>CERTIFYING OFFICER - RSO or Management Representative (Name and Title)</b> Susan F. Dean/RSO			<b>SIGNATURE</b> <i>Susan F. Dean</i>		<b>DATE</b> 6/1/02
<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. 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.</b>					
<b>FOR NRC USE ONLY</b>		<b>REVIEWING OFFICIAL (Typed/Printed Name and Title)</b> Judith A. Joubert		<b>SIGNATURE</b> <i>Judith A. Joubert</i>	
				<b>DATE</b> 6/5/02	<b>TOTAL USAGE - DAYS TO DATE</b> 136
PRINTED ON RECYCLED PAPER					

@ 6/4/02

<p><b>NRC FORM 241</b> (7-1999)</p> <p style="text-align: center;"><b>U.S. NUCLEAR REGULATORY COMMISSION</b></p> <p style="text-align: center;"><b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</b></p> <p style="text-align: center;"><i>(Please read the instructions before completing this form)</i></p>		<p>APPROVED BY OMB: NO. 3150-0013      EXPIRES: 07/31/2002</p> <p>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 (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjr1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOF-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.</p>	
<p>1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)</p> <p style="text-align: center;">Construction Materials Testing, Inc.</p>		<p>2. TYPE OF REPORT</p> <p><input checked="" type="checkbox"/> INITIAL    <input type="checkbox"/> REVISION    <input type="checkbox"/> CLARIFICATION</p>	
<p>3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)</p> <p style="text-align: center;">88 S. Whitefield Road Whitefield, NH 03598</p>		<p>4. LICENSEE CONTACT AND TITLE</p> <p style="text-align: center;">Susan F. Dean RSO/President</p>	
<p>5. TELEPHONE NUMBER (Include Area Code)</p> <p style="text-align: center;">(603) 837-9332</p>		<p>6. FACSIMILE NUMBER (Include Area Code)</p> <p style="text-align: center;">837-9335</p>	
<p>7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20</p>			
<p><input type="checkbox"/> WELL LOGGING      <input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS      <input type="checkbox"/> TELETHERAPY/IRRADIATOR SERVICE</p> <p><input checked="" type="checkbox"/> PORTABLE GAUGES      <input type="checkbox"/> OTHER (Specify) ⇒ _____</p> <p><input type="checkbox"/> RADIOGRAPHY ⇒ _____</p> <p style="text-align: center;">REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)</p>			
<p>8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE</p> <p style="font-size: 1.2em;">State of VT Dept of Bldgs Two Governor Aiken Ave Montpelier VT John Ostrum</p>		<p>9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)</p> <p style="font-size: 1.2em;">RT 5 Derby Safety Building Derby, VT</p>	
<p>10. CLIENT TELEPHONE NUMBER (Include Area Code)</p> <p style="font-size: 1.2em;">(802) 828-3314</p>		<p>11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)</p>	
<p>12. DATES SCHEDULED</p>		<p>13. NUMBER OF WORK DAYS</p>	
FROM	TO		
June 7, 02	August 15, 02	50	
<p>16. LOCATION REFERENCE NUMBER</p> <p style="text-align: right; font-size: 1.2em;">000781</p>			
<p>LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.</p>			
<p>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.)</p> <p style="font-size: 1.2em;">Portable density/moisture gauge 8mCi-Cesium 137, Americium 241, Beryllium 40 m</p>			
<p>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.)</p>		<p>LICENSE NUMBER</p> <p style="text-align: center;">419</p>	<p>STATE</p> <p style="text-align: center;">NH</p>
		<p>EXPIRATION DATE</p> <p style="text-align: center;">4/30/03</p>	
<p>19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</p>			
<p>I, THE UNDERSIGNED, HEREBY CERTIFY THAT:</p>			
<p>a. All information in this report is true and complete.</p>			
<p>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.</p>			
<p>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.</p>			
<p>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.</p>			
<p>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.</p>			
<p>CERTIFYING OFFICER - RSO or Management Representative (Name and Title)</p> <p style="font-size: 1.2em;">Susan F. Dean/RSO</p>		<p>SIGNATURE</p> <p style="font-size: 1.2em;"><i>Susan F. Dean</i></p>	<p>DATE</p> <p style="font-size: 1.2em;">6/1/02</p>
<p>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.</p>			
<p>FOR NRC USE ONLY</p>		<p>REVIEWING OFFICIAL (Typed/Printed Name and Title)</p> <p style="font-size: 1.2em;">Judith A. Justice</p>	<p>SIGNATURE</p> <p style="font-size: 1.2em;"><i>Judith A. Justice</i></p>
		<p>DATE</p> <p style="font-size: 1.2em;">6/5/02</p>	<p>TOTAL USAGE - DAYS TO DATE</p> <p style="font-size: 1.2em;">136</p>
<p>NRC FORM 241 (7-1999)</p> <p style="font-size: 1.5em;">@ 6/4/02</p> <p style="text-align: right; font-size: 0.8em;">PRINTED ON RECYCLED PAPER</p>			

<p><b>NRC FORM 241</b> (7-1999)</p> <p style="text-align: center;"><b>U.S. NUCLEAR REGULATORY COMMISSION</b></p> <p style="text-align: center;"><b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</b></p> <p style="text-align: center;"><i>(Please read the instructions before completing this form)</i></p>		<p><b>APPROVED BY OMB: NO. 3160-0013</b>      <b>EXPIRES: 07/31/2002</b></p> <p><small>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 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, 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.</small></p>	
<p><b>1. NAME OF LICENSEE</b> <i>(Person or firm proposing to conduct the activities described below)</i></p> <p style="text-align: center;">Construction Materials Testing, Inc.</p>		<p><b>2. TYPE OF REPORT</b></p> <p><input checked="" type="checkbox"/> INITIAL    <input type="checkbox"/> REVISION    <input type="checkbox"/> CLARIFICATION</p>	
<p><b>3. ADDRESS OF LICENSEE</b> <i>(Mailing address or other location where licensee may be located)</i></p> <p style="text-align: center;">88 S. Whitefield Road Whitefield, NH 03598</p>		<p><b>4. LICENSEE CONTACT AND TITLE</b></p> <p style="text-align: center;">Susan F. Dean RSO/President</p>	
		<p><b>5. TELEPHONE NUMBER</b> <i>(Include Area Code)</i></p>	<p><b>6. FACSIMILE NUMBER</b> <i>(Include Area Code)</i></p>
<p><b>7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20</b></p> <p> <input type="checkbox"/> WELL LOGGING      <input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS      <input type="checkbox"/> TELETHERAPY/IRRADIATOR SERVICE  <input checked="" type="checkbox"/> PORTABLE GAUGES      <input type="checkbox"/> OTHER (Specify) ⇒ _____  <input type="checkbox"/> RADIOGRAPHY ⇒ _____ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)                 </p>			
<p><b>8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE</b></p> <p style="font-size: 1.2em;">E.A. Granfield PO. Box 482 Moretown, VT 05660</p>		<p><b>9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION</b> <i>(Street and Number or other location. Give as complete an address or directions as possible.)</i></p> <p style="font-size: 1.2em;">St. Johnsbury Industrial Park St. Johnsbury, VT</p>	
		<p><b>10. CLIENT TELEPHONE NUMBER</b> <i>(Include Area Code)</i></p> <p style="font-size: 1.2em;">(802) 496-3666</p>	<p><b>11. WORK LOCATION TELEPHONE NUMBER</b> <i>(Include Area Code)</i></p>
<p><b>12. DATES SCHEDULED</b></p> <p>FROM 6/18/02 TO Sept 30</p>		<p><b>13. NUMBER OF WORK DAYS</b></p> <p style="font-size: 1.5em;">76</p>	<p><b>14. ADD</b></p>
		<p><b>15. DELETE</b></p>	<p><b>16. LOCATION REFERENCE NUMBER</b></p> <p style="font-size: 1.2em;">000782</p>
<p><b>LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.</b></p>			
<p><b>17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED</b> <i>(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)</i></p> <p>Portable density/moisture gauge 8mCi-Cesium 137, Americium 241, Beryllium 40 mC</p>			
<p><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> <i>(Four copies of the specific license must accompany the initial NRC Form 241.)</i></p>		<p><b>LICENSE NUMBER</b></p> <p style="font-size: 1.2em;">419</p>	<p><b>STATE</b></p> <p style="font-size: 1.2em;">NH</p>
		<p><b>EXPIRATION DATE</b></p> <p style="font-size: 1.2em;">4/30/03</p>	
<p><b>19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</b></p>			
<p><b>I, THE UNDERSIGNED, HEREBY CERTIFY THAT:</b></p> <p>a. All information in this report is true and complete.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>			
<p><b>CERTIFYING OFFICER - RSO or Management Representative (Name and Title)</b></p> <p style="font-size: 1.2em;">Susan F. Dean/RSO</p>		<p><b>SIGNATURE</b></p> <p style="font-size: 1.2em;"><i>Susan F. Dean</i></p>	<p><b>DATE</b></p> <p style="font-size: 1.2em;">6/1/02</p>
<p><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. 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.</b></p>			
<p><b>FOR NRC USE ONLY</b></p>	<p><b>REVIEWING OFFICIAL</b> <i>(Typed/Printed Name and Title)</i></p> <p style="font-size: 1.2em;"><i>Judith A. Jantzen</i></p>	<p><b>SIGNATURE</b></p> <p style="font-size: 1.2em;"><i>Judith A. Jantzen</i></p>	<p><b>DATE</b></p> <p style="font-size: 1.2em;">6/5/02</p>
		<p><b>DATE</b></p> <p style="font-size: 1.2em;">6/4/02</p>	<p><b>TOTAL USAGE - DAYS TO DATE</b></p> <p style="font-size: 1.2em;">136</p>

<p><b>NRC FORM 241</b> (7-1999)</p> <p style="text-align: center;"><b>U.S. NUCLEAR REGULATORY COMMISSION</b></p> <p style="text-align: center;"><b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</b></p> <p style="text-align: center;">(Please read the instructions before completing this form)</p>		<p><b>APPROVED BY OMB: NO. 3150-0012</b>      <b>EXPIRES: 07/31/2002</b></p> <p><small>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 bjs1@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.</small></p>	
<p>1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)</p> <p style="text-align: center;">Construction Materials Testing, Inc.</p>		<p>2. TYPE OF REPORT</p> <p><input type="checkbox"/> INITIAL    <input type="checkbox"/> REVISION    <input type="checkbox"/> CLARIFICATION</p>	
<p>3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)</p> <p style="text-align: center;">88 S. Whitefield Road Whitefield, NH 03598</p>		<p>4. LICENSEE CONTACT AND TITLE</p> <p style="text-align: center;">Susan F. Dean RSO/President</p>	
		<p>5. TELEPHONE NUMBER (Include Area Code)</p>	<p>6. FACSIMILE NUMBER (Include Area Code)</p>
<p>7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20</p> <p><input type="checkbox"/> WELL LOGGING      <input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS      <input type="checkbox"/> THERAPY/IRRADIATOR SERVICE</p> <p><input checked="" type="checkbox"/> PORTABLE GAUGES      <input type="checkbox"/> OTHER (Specify) ⇒ _____</p> <p><input type="checkbox"/> RADIOGRAPHY ⇒ _____ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)</p>			
<p>8. CLIENT NAME ADDRESS, CITY/COUNTY, STATE, ZIP CODE</p> <p style="font-size: 1.2em;">Village of Lyndonville P.O. Box 167 <del>Lyndonville</del> Lyndonville, VT 05851</p>		<p>9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible)</p> <p style="font-size: 1.2em;">Lyndon Sludge Treatment Plant Lyndonville, VT</p>	
		<p>10. CLIENT TELEPHONE NUMBER (Include Area Code)</p> <p style="font-size: 1.2em;">802-626-5834</p>	<p>11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)</p>
<p>12. DATES SCHEDULED</p> <p>FROM: June 30      TO: Sept 30</p>		<p>13. NUMBER OF WORK DAYS</p> <p style="font-size: 1.5em;">67</p>	<p>14. ADD</p>
		<p>15. DELETE</p>	<p>16. LOCATION REFERENCE NUMBER</p> <p style="font-size: 1.2em;">000783</p>
<p><b>LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.</b></p>			
<p>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.)</p> <p>Portable density/moisture gauge 8mCi-Cesium 137, Americium 241, Beryllium 40 mC</p>			
<p>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.)</p>		<p>LICENSE NUMBER</p> <p style="font-size: 1.2em;">419R</p>	<p>STATE</p> <p style="font-size: 1.2em;">NH</p>
		<p>EXPIRATION DATE</p> <p style="font-size: 1.2em;">4/30/03</p>	
<p><b>19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</b></p>			
<p>I, THE UNDERSIGNED, HEREBY CERTIFY THAT:</p> <p>a. All information in this report is true and complete.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>			
<p>CERTIFYING OFFICER - RSO or Management Representative (Name and Title)</p> <p style="font-size: 1.2em;">Susan F. Dean/RSO</p>		<p>SIGNATURE</p> <p style="font-size: 1.2em;"><i>Susan F. Dean</i></p>	<p>DATE</p> <p style="font-size: 1.2em;">6/1/02</p>
<p><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. 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.</b></p>			
<p>FOR NRC USE ONLY</p>	<p>REVIEWING OFFICIAL (Typed/Printed Name and Title)</p> <p style="font-size: 1.2em;">Judith A. Josiah sr HP</p>	<p>SIGNATURE</p> <p style="font-size: 1.2em;"><i>Judith A. Josiah</i></p>	<p>DATE</p> <p style="font-size: 1.2em;">6/5/02</p>
		<p>TOTAL USAGE - DAYS TO DATE</p> <p style="font-size: 1.2em;">136</p>	

@6/4/02

NRC FORM 241 (7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3160-0013 EXPIRES: 07/31/2002  
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 E8), 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, NEOF-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) <b>Construction Materials Testing, Inc.</b>		2. TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION	
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) <b>38 S. Whitefield Road Whitefield, NH 03598</b>		4. LICENSEE CONTACT AND TITLE <b>Susan F. Dean RSO/President</b>	
		5. TELEPHONE NUMBER (Include Area Code)	6. FACSIMILE NUMBER (Include Area Code)

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

WELL LOGGING       LEAK TESTING AND/OR CALIBRATIONS       TELETHERAPY/IRRADIATOR SERVICE

PORTABLE GAUGES       OTHER (Specify) ⇒ \_\_\_\_\_

RADIOGRAPHY ⇒ \_\_\_\_\_ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE <b>Gilman Housing Trust P.O. Box 405 Newport, VT 05855</b>	9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) <b>Daniels Bloch Main St St. Johnsbury, VT</b>
10. CLIENT TELEPHONE NUMBER (Include Area Code) <b>(802) 334-1541</b>	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)

12. DATES SCHEDULED FROM <b>7/2/02</b> TO <b>Sept 30</b>	13. NUMBER OF WORK DAYS <b>64</b>	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER <b>000784</b>
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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.)  
**Portable density/moisture gauge 8mCi-Cesium 137, Americium 241, Beryllium 40 mC**

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 <b>419</b>	STATE <b>NH</b>	EXPIRATION DATE <b>4/30/03</b>
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#### 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) <b>Susan F. Dean/RSO</b>	SIGNATURE <i>Susan F. Dean</i>	DATE <b>6/1/02</b>
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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) <b>Judith A. Javato</b>	SIGNATURE <i>Judith A. Javato</i>	DATE <b>6/5/02</b>	TOTAL USAGE - DAYS TO DATE <b>136</b>
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*@ 6/4/02*

**NRC FORM 241 (7-1999)** **U.S. NUCLEAR REGULATORY COMMISSION**

**REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS**  
(Please read the instructions before completing this form)

**APPROVED BY OMB: NO. 3150-0013** **EXPIRES: 07/31/2002**  
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 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, 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.

**1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)**  
Construction Materials Testing, Inc.

**2. TYPE OF REPORT**  
 INITIAL  REVISION  CLARIFICATION

**3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)**  
88 S. Whitefield Road  
Whitefield, NH 03598

**4. LICENSEE CONTACT AND TITLE**  
Susan F. Dean RSO/President

**5. TELEPHONE NUMBER (include Area Code)** **6. FACSIMILE NUMBER (include Area Code)**  
(603) 837-9332 (603) 837-9335

**7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20**  
 WELL LOGGING  LEAK TESTING AND/OR CALIBRATIONS  TELE THERAPY/IRRADIATOR SERVICE  
 PORTABLE GAUGES  OTHER (Specify) => \_\_\_\_\_  
 RADIOGRAPHY => \_\_\_\_\_ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

**8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE**  
to be bid

**9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)**  
Davidson job off Rte 89

**10. CLIENT TELEPHONE NUMBER (include Area Code)** **11. WORK LOCATION TELEPHONE NUMBER (include Area Code)**

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				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.)**  
Portable density/moisture gauge 8mCi-Cesium 137, Americium 241, Beryllium 40 m

**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	STATE	EXPIRATION DATE
419	NH	4/30/03

**19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)**

**I, THE UNDERSIGNED, HEREBY CERTIFY THAT:**

- All information in this report is true and complete.
- 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.
- 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.
- 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.
- 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**  
Susan F. Dean/RSO *Susan F. Dean* 6/1/02

**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** **TOTAL USAGE - DAYS TO DATE**  
Judith A. Soutra *Judith A. Soutra* 6/5/02

FORM BRH-2B

AUDIT **R N<sup>o</sup>** 200203030  
PAGE 1 of 4 PAGES

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BUREAU OF RADIOLOGICAL HEALTH  
RADIOACTIVE MATERIAL LICENSE

Pursuant to the New Hampshire Department of Health and Human Services' Bureau of Radiological Health regulations and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, own, possess, and transfer radioactive material listed below; and to use such radioactive material for the purpose(s) and at the place(s) designated below. This license is subject to all applicable rules, regulations, and orders of the New Hampshire Department of Health and Human Services' Bureau of Radiological Health now or hereafter in effect and to any conditions specified below.

1. NAME <b>LICENSEE</b> Construction Materials Testing, Inc.		3. LICENSE NO.	419R Amendment No. 09
		4. EXPIRATION DATE	April 30, 2003
		5. LICENSE CATEGORY	Gauges (portable)
2. ADDRESS 88 South Whitefield Road Whitefield, New Hampshire 03598		In accordance with application for renewal dated February 28, 2002, signed by Susan F. Dean, New Hampshire Radioactive Material License No. 419R is hereby extended to the date specified in Condition No. 4 above. <b>PREVIOUS AMENDMENTS ARE VOID.</b>	
6. RADIOACTIVE MATERIAL (ELEMENT AND MASS NUMBER)	7. CHEMICAL AND/OR PHYSICAL FORM:	8. MAXIMUM AMOUNT OF RADIOACTIVITY WHICH LICENSEE MAY POSSESS AT ONE TIME:	
A. Cesium 137	A. Sealed sources (Troxler Drawing No. A-102112)	A. No single source to exceed 9 millicuries; 4 sources total	
B. Americium 241; Beryllium	B. Sealed sources (Troxler Drawing No. A-102451)	B. No single source to exceed 44 millicuries; 4 sources total	
C. Cesium 137	C. Sealed sources (Campbell Pacific Nuclear Model CPN 131)	C. No single source to exceed 10 millicuries; 4 sources total	
D. Americium 241; Beryllium	D. Sealed Sources (Campbell Pacific Nuclear Model CPN 131)	D. No single source to exceed 50 millicuries; 4 sources total	

## 9. AUTHORIZED USE

- A. and B. To be used in Troxler Electronic Laboratories, Inc. Model 3400 Series portable soil moisture-density gauge for the measurement of density and moisture of soil and construction materials.
- C. and D. To be used in Campbell Pacific MC series portable soil moisture-density gauge for the measurement of density and moisture of soil and construction materials.

## CONDITIONS

10. A. The authorized place of receipt and storage of radioactive material is the licensee address stated in Condition 2 above.
- B. Radioactive materials may be used at temporary jobsites of the licensee throughout the State of New Hampshire in areas not under exclusive federal jurisdiction (Federal installations such as military bases, Veterans Administration hospitals, etc.). Authorization for the use of radioactive materials at temporary jobsites under exclusive federal jurisdiction shall be obtained either by (1) filing a NRC Form 241 (10 CFR 150.20(b)) with the United States Nuclear Regulatory Commission (NRC) for reciprocal recognition, or (2) applying for and obtaining a specific license from the NRC if the length of the job is to exceed 180 days.

(Cont'd on next page)