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FORM 225 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. 2164-0012 EXPIRES: 07/01/2002
 Estimated burden per response to comply with this information collection request: 15 minutes. This information is required so that NRC may conduct an inspection of the activities to ensure that they are conducted in accordance with requirements for protection of the public health and safety, and compliance regarding burden estimates to the Records Management Branch (7-D 86), U.S. Nuclear Regulatory Commission, Washington, DC 20545-0001, or by internal e-mail to hct@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NRC-10202, (2162-0113), Office of Management and Budget, Washington, DC 20503. If a form is used in response to information collection that 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 (Indicate either proposed to conduct the activities specified below)

John James Connerlin

2. TYPE OF REPORT

INITIAL REVISION CLARIFICATION

3. ADDRESS OR INDENTIFIED MAILING ADDRESS OR MAILING ADDRESS WHERE DOCUMENTS MAY BE LOCATED

*515 Central Ave.
Dorset NH 03820*

4. LICENSEE CONTACT AND TITLE

Steve Randall

5. TELEPHONE NUMBER (Include Area Code)

(603) 749-1841

6. FACSIMILE NUMBER (Include Area Code)

(603) 749-2570

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

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

PORTABLE GAUGES OTHER (Specify) _____

RADIOGRAPHY REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBER)

8. SENDER NAME, ADDRESS, CITY, COUNTY, STATE, ZIP CODE

*Ocean Comd.
P.O. Box 247
Kittery Me. 03904*

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Include Number or other location, such as complete or partial street address or coordinates, as possible)

*Ocean Comd. P.O. Box # 2
Fortsmouth New York
New York Me.*

10. CLAIM TELEPHONE NUMBER (Include Area Code)

(807) 439-9361

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)

(207) 439-5361

12. DATES SCHEDULED

FROM: *11/20/02* TO: *11/20/02*

13. NUMBER OF WORK DAYS

1

14. ADD

15. DELETE

16. LOCATION REFERENCE NUMBER

NUMBER TO BE ASSIGNED BY NRC: *001102*

17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.

18. LIST RADIOACTIVE MATERIAL WHICH WILL BE FORWARDED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, and/or source, or source to be used)

*Trickle Nuclear Density Gauge
Am 241 13g
CS 137*

19. AGREEMENT STATE SPECIFIC LOCATION WHICH ALLOWS (S) THE LICENSEE TO CONDUCT ACTIVITIES WHICH ARE THE SAME AS THOSE FOR LOCATION OF USE AS SPECIFIED IN ITEM 16 ABOVE. (Multiple copies of the specific license must accompany this form NRC Form 241)

LICENSE NUMBER: *453R* STATE: *NH* EXPIRATION DATE: *June 09 2002*

20. 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 reported 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 offshore 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 at times 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 ships or locations different from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.

CERTIFYING OFFICER: *Steve Randall* SIGNATURE: *[Signature]* DATE: *11/21/02*

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 or to any matter within its jurisdiction.

FOR NRC USE ONLY: REVIEWING PERSON: *John D. Kinneman* SIGNATURE: *[Signature]* DATE: *11/21/02* TOTAL USAS - DAYS TO DATE: *26*

NRC FORM 241 (7/89) PRINTED ON RECYCLED PAPER

(S) 11/25/02