

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. 3100-0013
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 collection 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 (7-180) U.S. Nuclear Regulatory Commission, Washington, DC 20540-0001; or by internet to: 180@nrc.gov, and to the Paperwork Project Office of Information and Regulatory Affairs, NRC-18202 (3100-0013), Office of Management and Budget, Washington, DC 20503. If a message used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or appear, and a person is not required to respond to, the information collection.

EXPRES: 07/31/002

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities specified below)
John Turner Consulting Inc

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
818 Central Ave
Dow Nn 03820

4. LICENSEE CONTACT AND TITLE
Don Ballard Project Manager

5. TELEPHONE NUMBER (Include Area Code)
603 749 1841

6. FACSIMILE NUMBER (Include Area Code)
603 743 3370

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 40 CFR 180.20

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

PORTABLE GAUGES OTHER (SPECIFY) →

RADIOGRAPHY → REGISTERED AS USER OF PACKAGING (CERTIFICATION OR COMPLIANCE NUMBER)

8. CLIENT NAME, ADDRESS, CITY, COUNTY, STATE, ZIP CODE
Portland Diversified Services
Po Box 1869
Portland ME 04104

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible)
Building 1592
Parramatta Naval Shipyard
KINGSTON ME

10. CLIENT TELEPHONE NUMBER (Include Area Code)
207 886 5660

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
207 939-8601

12. DATES SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM: May 16, 2003 TO: May 16, 2003	1			000672

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, OR STORED, OR TESTED (Include description of type and quantity of radioactive material, each source, or radionuclide to be used.)
Tracer Nuclear Density Gauge AM 24173e
Soil Compaction Cs 137

18. AGREEMENT STATE SPECIFIC LICENSE NUMBER 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 this NRC Form 241.)
LICENSE NUMBER: 423 R STATE: NH EXPIRATION DATE: June 30 2003

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 to 40 CFR 180.20 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 to 40 CFR 180.20 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 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 sites or locations different from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.

CERTIFICATE OFFICER: REC of Management Representative (Title and Title)
DON BALLARD Project Manager

SIGNATURE
[Signature]

DATE
5-03

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 Name and Title)
J. A. Johnson

SIGNATURE
[Signature]

DATE
5/14/03

TOTAL USAGE - DAYS TO DATE
4

PRINTED ON RECYCLED PAPER

5/14/03