

NRC FORM 241  
(7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 2150-0013 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 estimates to the Records Management Branch (T-6 EB), 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, (3160-0013), 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) <i>John Turner Consulting</i>		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) <i>818 Central Avenue Dover, NH 03820</i>		4. LICENSEE CONTACT AND TITLE <i>Meissa Randall office Manager</i>	
		5. TELEPHONE NUMBER (Include Area Code) <i>603-749-1341</i>	6. FACSIMILE NUMBER (Include Area Code) <i>603-743-3370</i>

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)  $\Rightarrow$  \_\_\_\_\_

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

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE <i>Orion Construction, Inc. 12550 Houston, Texas 77034</i>		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give an example in address or directions as possible) <i>Orion Construction 7001 8 Langdon Street Warren, Me 03904</i>	
		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
<i>5/28</i>	<i>5/28</i>	<i>1</i>			<i>000723</i>

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, cooling source, or devices to be used.)  
*See attached 241 @*

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 3 ABOVE. (Four copies of this specific license must accompany this Initial NRC Form 241.)	LICENSE NUMBER <i>423R</i>	STATE <i>NH</i>	EXPIRATION DATE <i>June 30, 2004</i>
--	-------------------------------	--------------------	---

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 - RMO of Management Representative (Name and Title) <i>Meissa Randall Office Manager</i>	SIGNATURE <i>Meissa Randall</i>	DATE <i>5/23/03</i>
--	------------------------------------	------------------------

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) <i>John D. Runner</i>	SIGNATURE <i>[Signature]</i>	DATE <i>5/27/03</i>	TOTAL USAGE - DAYS TO DATE <i>5</i>
------------------	--	---------------------------------	------------------------	--

*30 5/27/03*

•  
• 21 West Auburn Street  
• Manchester, NH  
•  
• 15 Holly Street  
• Scarborough, ME

Main Office Information:  
JOHN TURNER CONSULTING, INC.  
818 CENTRAL AVENUE  
DOVER, NH 03820  
Phone#: 603-749-1841  
Fax#: 603-743-3370

# Facsimile Transmittal

To: Ms Sheryl Yllac From: Melissa  
 Company: NRC Date: 5/28/03  
 Fax #: 610-337-5269 Phone #: \_\_\_\_\_  
 # of Pages Including Cover: 3  
 Re: Revised copy

Urgent  For Review  Please Comment  Please Reply

**TEAMWORK** .....

**NRC FORM 240**  
**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. 3160-0212** **EXPIRES: 07/31/2002**  
*Estimated burden per response to comply with this mandatory collection request: 15 minutes. This collection 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-3 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to b61@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)*  
John Turner Consulting

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

**3. ADDRESS OF LICENSEE** *(Mailing address or other location where licensee may be located)*  
815 Central Avenue  
Decatur GA 30220

**4. LICENSEE CONTACT AND TITLE**  
Melissa Randall *Office manager*

**5. TELEPHONE NUMBER** *(Include Area Code)*  
404-749-8711

**6. FACSIMILE NUMBER** *(Include Area Code)*  
404-743-3340

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

WELL LOGGING  LEAK TESTING AND/OR CALIBRATIONS  TELETHERAPY/RADIATOR SERVICE  
 PORTABLE GAUGES  OTHER (Specify)  $\Rightarrow$  \_\_\_\_\_  
 RADIOGRAPHY  $\Rightarrow$  REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBER) \_\_\_\_\_

**8. CLIENT NAME, ADDRESS, CITY, COUNTY, STATE, ZIP CODE**  
Orion Construction, Inc.  
12550 Fugate Street  
Houston, Texas 77034

**9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION** *(Street and Number or other location. Give as complete an address or directions as possible)*  
Orion Construction - P1364  
8 Leungdon Street  
Kittery, ME 03904

**10. CLIENT TELEPHONE NUMBER** *(Include Area Code)*  
207-896-3100

**11. WORK LOCATION TELEPHONE NUMBER** *(Include Area Code)*  
207-653-16702

12. DATES SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM 5/28 TO 5/28	1			NUMBER TO BE ASSIGNED BY NRC 000723

**17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 3-16 ABOVE.**

**18. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED** *(Include description of type and quantity of radioactive material, sealed source, or device to be used)*  
Traxler nuclear density gauge AM 24132  
Soil compaction Cs 137

**19. 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 this initial NRC Form 240.)*  
LICENSE NUMBER: 473K STATE: ND EXPIRATION DATE: June 30, 2004

**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 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 150 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 - RES of Management Representative (Name and Title)** **SIGNATURE** **DATE**  
Melissa Randall *Office manager* Melissa Randall 5/28/03

**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/Printed Name and Title)* **SIGNATURE** **DATE** **TOTAL USAGE - DAYS TO DATE**  
5

**NRC FORM 241 (7-1999)** **PRINTED ON RECYCLED PAPER**