

**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. 2150-0012 EXPIRES: 07/21/2004
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 Report Management Branch (7-453), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to 1313@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (2150-0013), 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 Inc

2. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
**818 Central Avenue
Dover NH 03820**

3. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

4. LICENSEE CONTACT AND TITLE
Don Pollard Project Manager

8. TELEPHONE NUMBER (Include Area Code) **603-749-1241**

9. FACSIMILE NUMBER (Include Area Code) **603-743-3370**

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

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

PORTABLE GAUGES OTHER (Specify) \Rightarrow _____

RADIOGRAPHY \Rightarrow REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBER) _____

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

10. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location Give as complete an address as possible)
**Building # 156
Portsmouth Naval Shipyard
Kittery ME**

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

12. WORK LOCATION TEL/FAX NUMBER (Include Area Code) **207 939 8601**

12. DATES SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM: June 11, 2003 TO: June 11, 2003	1			000672

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

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealing sources, or devices to be used.)
**Traxler nuclear density gauge AM 241; Be
Soil compaction Cs 137**


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 this Initial NRC Form 241.)

LICENSE NUMBER: **423 R Ann. 6** STATE: **NH** EXPIRATION DATE: **June 30, 2003**

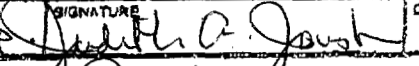
19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

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

CERTIFYING OFFICER (REG or Management Representative Name and Title) **Don Pollard Project MGR.** SIGNATURE  DATE **6-10-03**

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) **J.H. Johnson Sr. EPA** SIGNATURE  DATE **6/11/03** TOTAL USAGE - DAYS TO DATE **7**