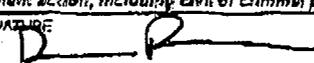
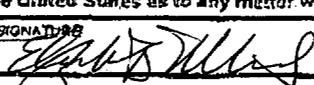


<b>NRC FORM 241 (2-88)</b> <span style="float: right;">U.S. NUCLEAR REGULATORY COMMISSION</span>		APPROVED BY OMB: NO. 2150-0013 <span style="float: right;">EXPIRES: 07/31/2002</span>	
<b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</b> (Please read the instructions before completing this form)			
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) <b>John Turner Consulting, 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>818 Central Ave. Dover NH 03820</b>		4. LICENSEE CONTACT AND TITLE <b>Don Pollard</b>	
		5. TELEPHONE NUMBER (Include Area Code) <b>603 747 1841</b>	6. FACSIMILE NUMBER (Include Area Code) <b>603 743 3370</b>
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20 <input type="checkbox"/> WELL LOGGING <input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELETHERAPY/RADIATOR SERVICE <input checked="" type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> RADIOGRAPHY <input type="checkbox"/> REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) _____			
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE <b>Tetrattech - FW 2300 Lincoln Highway East One Oxford Valley, Suite 200 Langhorne, PA 19047</b>		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible) <b>Jamaica Island Confill Portsmouth Naval Shipyard Kittery ME</b>	
		10. CLIENT TELEPHONE NUMBER (Include Area Code) <b>215 762 4089</b>	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <b>207 451 9751</b>
12. DATES SCHEDULED FROM <b>July 14, 2003</b> TO <b>July 14, 2003</b>		13. NUMBER OF WORK DAYS <b>1</b>	14. ADD 15. DELETE 16. LOCATION REFERENCE NUMBER <b>000579</b>
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.			
17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Provide description of type and quantity of radioactive material, sealed sources, or sources to be used) <b>Traxler Nuclear Density Gauge Am 241; Be Cs 137</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. (Four copies of the specific license must accompany this initial NRC Form 241.)		LICENSE NUMBER <b>423 R</b>	STATE <b>NH</b> EXPIRATION DATE <b>June 30 2003</b>
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.			
CONTROLLING OFFICER - RSO of Management Representative (Name and Title) <b>Don Pollard</b>		SIGNATURE 	DATE <b>7-9-03</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.			
FOR NRC USE ONLY	REVIEWING OFFICIAL (Typed/Printed Name and Title) <b>ELIZABETH J. WURNA</b>	SIGNATURE 	DATE <b>7/14/03</b>
		TOTAL USAGE - DAYS TO DATE <b>14</b>	PRINTED ON RECYCLED PAPER

② 7/10/03