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NRC FORM 345 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 BSA: NO. 2121-0013  
EXPIRES: 07/15/04  
Estimated burden for respondents to comply with this information collection is estimated to be 15 minutes. This information is required so that NRC may monitor the progress 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 Assistant Management Director (AD-26), U.S. Nuclear Regulatory Commission, Washington, DC 20540-0001, or by Internet e-mail to [ad-26@nrc.gov](mailto:ad-26@nrc.gov). Send to the Desk Officer, Office of Information and Regulatory Affairs, NRC-18262, (3180-913), Office of Management and Budget, Washington, DC 20503. If a means were to improve the information collection does not display a current valid OMB control number, the NRC may not approve or accept, and a person is not required to respond to the information collection.

1. NAME OF LICENSEE (Provide or firm providing to conduct the activities described below)  
**John Turner Consulting, Inc.**

2. TYPE OF REPORT  
 INITIAL  REVISION  CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where activities will be conducted)  
**Abington Group  
P.O. Box 5060  
Portsmouth, NH 03801**

4. LICENSEE CONTACT AND TITLE  
**Melissa Randall, Office Manager**  
5. TELEPHONE NUMBER (Include Area Code) **603-749-1841**  
6. FACSIMILE NUMBER (Include Area Code) **603-745-2870**

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 160.26  
 WELL LOGGING  LEAK TESTING AND/OR CALIBRATIONS  TELETHERAPY/IRRADIATOR SERVICE  
 PORTABLE GAUGES  OTHER (Specify) \_\_\_\_\_  
 RADIOGRAPHY \_\_\_\_\_  
REGISTERED AS USER OF RADIATING INSTRUMENTS OF SERIAL NUMBER(S) \_\_\_\_\_

8. LICENSEE NAME, ADDRESS, CITY, COUNTY, STATE, ZIP CODE  
**Abington Group  
P.O. Box 5060  
Portsmouth, NH 03801**

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Include a full description of other location. Copy of this information is required for NRC records.)  
**Portsmouth Naval Shipyard  
Kittery, ME**  
10. CONTACT 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: <b>7/17/03</b> TO: <b>7/17/03</b>	<b>1</b>			<b>000837</b>

LIST ADDITIONAL WORK SITES ON SEPARATE SHEETS TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.

17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, DEWIDED, OR TESTED (Provide description of type and quantity of radioactive material, source, form, or source to be used.)  
**Troxler 3430 Nuclear Moisture/Density Gauge Source AM241:Ba  
C-137**

18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS IS DESCRIBED IN ITEM 7 ABOVE. (Your copies of the license license must accompany this form NRC Form 345.)  
LICENSE NUMBER: **423K** STATE: **NH** EXPIRATION DATE: **June 30, 2004**

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 provisions of the general license 10 CFR 160.26 reprinted on the instructions of this form; and I understand that I am required to comply with these provisions as to all equipment, 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 160.26 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.  
d. I understand that I may be inspected by NRC at the above listed work site locations and at the licensee name 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 at sites or locations different from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.

DEVELOPING OFFICER (See Instructions for Preparation of this Form) (Name and Title) DATE  
**Melissa Randall, Office Manager / Melissa Randall 7/15/03**

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: DEVELOPING OFFICER (Name and Title) DATE TOTAL USAGE - DAYS TO DATE  
**Duncan White, RSKO 7/16/03 16**

May 7/16/2003