

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. 2161-0047

EXPIRES: 07/1/2004

Estimated burden for response to comply with this mandatory collection request: 15 minutes. This notification is required so that NRC may conduct 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 (4-6 E5), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0051, or by internet e-mail to hrc@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NRC-10202, (2161-0047), Office of Management and Budget, Washington, DC 20503. If a machine 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 providing the services described below)

*John Turner Consulting, Inc.*

2. ADDRESS OF LICENSEE (Street, city, state or other locality where licensee may be located)

*818 Central Avenue  
Dover, NH 03820*

3. TYPE OF REPORT

INITIAL  REVISION  CLARIFICATION

4. LICENSEE CONTACT AND TITLE

*John Turner President*

5. TELEPHONE NUMBER (Include Area Code)

*603 749-1841*

6. FACSIMILE NUMBER (Include Area Code)

*603-743-9370*

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR. 158.20

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

PORTABLE GAUGES  OTHER (Specify) *⇒*

RADIOGRAPHY *⇒* REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBER)

8. CLIENT NAME, ADDRESS, CITY/STATE, STATE, ZIP CODE

*The Nutmeg Companies  
31 New London Turnpike  
Norwich, CT 06360*

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give an complete or address or location if possible.)

*Building 180 to 300 in CIA Area  
Portsmouth Naval Shipyard  
Kittery, ME*

10. CLIENT TELEPHONE NUMBER (Include Area Code)

*860-823-1780*

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)

*860-625-2918*

12. DATE SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM <i>10/8/03</i> TO <i>10/8/03</i>	<i>1</i>			NUMBER TO BE ASSIGNED BY NRC <i>000982</i>

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or radionuclides to be used.)

*Troxler Nuclear Density Gauge AM 241 Be  
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 3 ABOVE. (Four copies of this specific license must accompany this initial NRC Form 241.)

LICENSE NUMBER: *423R* STATE: *NH* EXPIRATION DATE: *June 30, 2004*

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

THE UNDERSIGNED, HEREBY CERTIFY THAT:

- All information in this report is true and complete.
- I have read and understand the provisions of the general license 10 CFR 158.20 reprinted on the instructions of this form; and I understand that I am required to comply with those provisions as to all equipment, sources, 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 158.20 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, adequate 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 a date or location different from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.

CERTIFYING OFFICER - RSO or Management Representative (Name and Title)

*ROBERT C. HENSON RSO*

SIGNATURE

*[Signature]*

DATE

*10/6/03*

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)

*John M. Rath*

SIGNATURE

*[Signature]*

DATE

*10/6/03*

TOTAL USAGE - DAYS TO DATE

*65*