NRC FORM 241 U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0012 EXPIRES: [illegible]

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 Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0012), 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 applying 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 licensee may be located)
818 Central Ave.
Dover NH 03820

4. LICENSEE CONTACT AND TITLE
Don Pollard

5. TELEPHONE NUMBER (Include Area Code)
603 749 1941

6. 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 ☐ TELETHERAPY/IRRADIATOR SERVICE

☒ PORTABLE GAUGES ☐ OTHER (Specify) ⇨

☐ RADIOGRAPHY ⇨ RECIPROCITY AS USER OF PREVIOUSLY (CERTIFICATES OF COMPLIANCE NUMBERS)

8. SUBJECT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
TetraTech - FW
2300 Lincoln Highway East
One Oxford Valley, Suite 200
Langhorne, PA 19047

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as applicable an address or directions, as possible.)
Jamaica Island Landfill
Portsmouth Naval Shipyard
Kittery ME

10. CLIENT TELEPHONE NUMBER (Include Area Code)
215 702 4089

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
207 451 9751

12. DATES RESCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				
10/17, 2003	10/23/2003	5		10-18-03 10-19-03	NUMBER TO BE ASSIGNED BY NRC 000579

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, sealed sources, or devices 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 2 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)	LICENSE NUMBER AMEND. #6	STATE	EXPIRATION DATE
	423 R	NH	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 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 at 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 - RSO or Management Representative (Name and Title)	SIGNATURE	DATE
Don Pollard		10-16-03

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
			10/16/03	74

(5) 10/16/03

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