

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. 2160-0012

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-4 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20585-0091, or by Internet e-mail to bls@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEDB-10202, (2150-0043), Office of Management and Budget, Washington, DC 20503. It is meant 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 (Partner or firm, whichever is correct for activities described below)

John Turner Consulting, Inc.

2. ADDRESS OF LICENSEE (Include address or other contact information if available)

**818 Central Ave.
Dover NH 03820**

2. TYPE OF REPORT

INITIAL REVISION CLARIFICATION

3. LICENSEE CONTACT AND TITLE

Don Pollard

4. TELEPHONE NUMBER (Include Area Code)

603 747 1841

5. FACSIMILE NUMBER (Include Area Code)

603 743 3370

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

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

PORTABLE GAUGES OTHER (Specify) _____

RADIOGRAPHY REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NUMBERS)

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

**Tetratex - FW
2300 Lincoln Highway East
One Oxford Valley, Suite 200
Langhorne, PA 19047**

9. ACTUAL PHYSICAL ADDRESS OR WORK LOCATION (Street and Number or other location. Give as available to address or direction, as possible)

**Jamaica Island Canfill
Portsmouth Naval Shipyard
Kittery ME**

10. CLIENT TELEPHONE NUMBER (Include Area Code)

215 762 4089

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)

207 451 9751

12. DATE SCHEDULED	13. NUMBER OF WORK DAYS	14. ADU	15. DRYLE	16. LOCATION REFERENCE NUMBER
FROM: 10/17, 2003 TO: 10/23/2003	5		10-13-03/ 10-19-03	000579

17. 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 9 ABOVE. (A true copy of the specific license must accompany this NRC Form 247.)

LICENSE NUMBER: **423 R** 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 provision 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 these provisions as to off 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 158.20 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 on 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: RSO of Management Representative, (Name and Title)

Don Pollard SIGNATURE: **[Signature]** DATE: **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. It U.S.C. Section 101 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: **10/16/03** TOTAL USAGE - DAYS TO DATE: **74**

⑤ 10/16/03