

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. 2165-0013 EXPIRES: 07/31/2003  
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 (1-8 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20455-0001, or by internet e-mail to [1-8eb@nrc.gov](mailto:1-8eb@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOS-10202, (2160-0013), Office of Management and Budget, Washington, DC 20502. 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.

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)  
**John Turner Consulting**

2. TYPE OF REPORT  
 INITIAL  REVISION  CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be reached)  
**818 Central Avenue  
Dover, NH 03820**

4. LICENSEE CONTACT AND TITLE  
**Melissa Randall**

5. TELEPHONE NUMBER (Include Area Code)  
**603 744 1841**

6. FACSIMILE NUMBER (Include Area Code)  
**603-743-3370**

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 30 CFR 150.29  
 WELL LOGGING  LEAK TESTING AND/OR CALIBRATIONS  TELETHERAPY/RADIATOR SERVICE  
 PORTABLE GAUGES  OTHER (Specify) \_\_\_\_\_  
 RADIOGRAPHY REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT 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 complete an address or directions as possible)  
**Jamaica Island Landfill  
Portsmouth Naval Shipyard  
Kittery, ME**

10. CLIENT TELEPHONE NUMBER (Include Area Code)  
**215-402-4089**

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

12. DATES SCHEDULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM: <b>11/24/03</b> TO: <b>11/20/03</b>	<b>3</b>			<b>000579</b>

17. LIST ADDITIONAL WORK BITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.

18. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, container sources, or devices to be used)  
**Troxler Nuclear Density Gauge Am 241, Be Cs 137**

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

20. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 8 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)

LICENSE NUMBER <b>423 R</b>	STATE <b>NH</b>	EXPIRATION DATE <b>June 30 2004</b>
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21. 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 30 CFR 150.29 reprinted on the instructions of this form; and I understand that I am required to comply with those 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.
- I understand that activities, including storage, conducted in non-agreement States under general license 30 CFR 150.29 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 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 of Management Representative (Name and Title) SIGNATURE DATE  
**Melissa Randall** **Melissa Randall** **Nov 24, 2003**

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 OFFICER, (Typed/Printed Name and Title) SIGNATURE DATE TOTAL USAGE - DAYS TO DATE  
**John McQuatt** **John McQuatt** **11/24/03** **88**

NRC FORM 241 (1-1999) PRINTED ON RECYCLED PAPER

11/24/03