NRC FORM 241 (6-98) 10 CFR 150

U. S. NUCLEAR REGULATORY COMMISSION

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES

(Please read the instructions on the cover sheet before completing this form.)

APPROVED BY OMB: NO. 3150-0012 EXPIRES: 6/30/99

Estimated burden per response to comply with this mandatory information collection request: 16 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. Forward comments regarding burden estimate to the Information and Records Management Branch (T-6 F33), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Paperwork Reduction Project (3150-0013), Office of Management and Budget, Washington, DC 20503. NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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

Quality NDE, Inc.

2. TYPE OF REPORT

X INITIAL

REVISION

CLARIFICATION

3. CONTROL NUMBER *(Leave Blank – Number to be assigned by NRC)*

4. ADDRESS OF LICENSEE *(Mailing address or other location where licensee may be located)*

1073 Kentland Dr.
King, NC 27021

Main Office
5200 Ridge Road
Joelton, TN 37080

5. LICENSEE CONTACT Ron Williams – State RSM
Timothy Frazee – Corporate RSO

6. TELEPHONE NUMBER *(Include Area Code)* 615/299-9942

7. FACSIMILE NUMBER *(Include Area Code)* 615/299-9943

8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

	WELL LOGGING		LEAK TESTING AND/OR CALIBRATIONS		TELETHERAPY/IRRADIATOR SERVICE
	PORTABLE GAUGES		OTHER *(Specify)*		
X	RADIOGRAPHY ⇒	TRANSPORTATION QA PROGRAM APPROVAL NO. & REV. NO.		REGISTERED AS USER OF PACKAGINGS (CERTIFICATES OF COMPLIANCE NOS.)	

9. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE

* see attached pages

10. WORK LOCATION ADDRESS *(Street and Number or other location. Give as complete an address or directions as possible.)*

11. CLIENT TELEPHONE NUMBER *(Include Area Code)*

12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK

13. WORK LOCATION TELEPHONE NUMBER *(Include Area Code)*

14. DATES SCHEDULED — FROM / TO

15. NUMBER OF WORK DAYS

16. LOCATION REFERENCE NUMBER

LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS. NUMBER TO BE ASSIGNED BY NRC

00155

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

17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED IN NON-AGREEMENT STATES *(Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)*

* To be provided with clarifications

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 8. ABOVE. *(Four copies of the specific license must accompany the initial NRC Form 241.)*

LICENSE NUMBER	STATE	EXPIRATION DATE	TOTAL USAGE DAYS TO DATE
085-1117-1	North Carolina	October 31, 2003	

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 cover sheet of this form set; 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 a 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. I am also aware that I will be responsible for any fees associated with such inspections.

e. 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 or Management Representative *(Type/Printed Name and Title)*	SIGNATURE	DATE
Timothy Frazee, Corporate RSO		9/10/99

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	AUTHORIZED	SIGNATURE	DATE
	D.M. Heim, LA/DNMS	Diane M. Heim	9/14/99

NRC FORM 241 (6-98)

Received: Region II NF 5
9/14/99 cc R

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PDR STPRG ESGNC
PDR

USNRC REGION II - MATERIALS LICENSING/INSPECTION BRANCHES (FAX 404-562-4955) (VERIFY 404-562-4732)

REGION II
Calendar Year 1999

TRANSMITTAL FOR NRC FORM 241 & REVISION SUBMITTALS

[xx] INITIAL 241 PACKAGE LRN 001552

[ ] REVISION LRN _____

[ ] CLARIFICATION LRN _____

LICENSEE NAME : Quality NDE, Inc.

LICENSE STATE : NC NUMBER : 085-1117-1

CHECK NO: 2102

CHECK AMOUNT: $ 1100.00

FORWARDED BY: Diane Horn

includes:	Initial	Revision	Clarification
Form 241	✔	☐	☐
Fee	✔	☐	
License Copy	✔		

1999 SEP 20

LICENSE FEE & ACCOUNT RECEIVABLE BRANCH

1. Fee Category and Amount: 1C $1100.00

2. Correct Fee Paid. Submittal may processed for:

General License ✔

Revision _____

Signed Rita Messina Date 9/21/99

12/22/98

Log Sep 2 24
Remitter
Check No. 2102 9/17/99
Amount $1100 1C
Fee Category
Type of Fee App C
Date Check Rec'd
Date Completed 9/21/99
By: Kim

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THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND-NOT A WHITE BACKGROUND

Quality NDE, Inc.
5200 Ridge Road
Joelton, TN 37080

Sun Trust
Nashville, Tennessee

87-4/6

16
A0305 APR
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0 $1100.00
CHECK NO
2102

PAY ONE THOUSAND ONE HUNDRED AND NO/100 DOLLARS

DATE
09/07/99

CHECK AMOU
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PAY TO ORDER OF
U.S. NUCLEAR REGULATORY
COMMISSION
61 FORSYTH STREET SW
ATLANTA, GA 30303

L. P. Langhiais

THE BACK OF THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK-HOLD AT AN ANGLE TO VIEW

"002102" :064000046: 702075629"