

FORM 100

USNRC REGION II - MATERIALS LICENSING/ INSPECTION BRANCHES (FAX 404-302-4533) (TELE 404-302-4534) (MAIL 404/302-4534)

**NRC FORM 241**  
**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.)

**1. NAME OF LICENSEE (Person or firm primarily responsible for activities described below)**  
 Quality NDE, Inc.

**2. TYPE OF REPORT**  
 INITIAL  
 REVISION  
 CLARIFICATION

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

**4. ADDRESS OF LICENSEE (Mailing address or other address where response may be received)**  
 1073 Kentland DR. Main Office  
 King, NC 27021 5200 Ridge Rd.  
 Joelton, TN 37080

**5. LICENSEE CONTACT**  
 Timothy Frazee/RSO -- Ron Williams RSM

**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**

<input type="checkbox"/> WELL LOGGING	<input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS	<input type="checkbox"/> TELE THERAPY/RADIATOR SERVICE
<input type="checkbox"/> PORTABLE GAUGES	<input type="checkbox"/> OTHER (Specify)	
<input checked="" type="checkbox"/> RADIOGRAPHY =>	TRANSPORTATION OR PROGRAM APPROVAL NO. 1 REV. NO.	REGISTERED AS USER OF PACKAGING (CERTIFICATE OF COMPLIANCE NO.) USA/ 9263/B(U)

**9. CLIENT NAME ADDRESS-CITY-COUNTRY- STATE- ZIP CODE**  
 Columbia Gas  
 1700 McCorkle Ave.  
 Charleston, WV 25325

**10. WORK LOCATION ADDRESS (Name and number or other location. Give or address on address or structure as located.)**  
 Newport News, VA coming from Isle of White.  
 Hwy 17 across James River Bridge

**11. CLIENT TELEPHONE NUMBER (Include Area Code)**  
 804/691-4308

**12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK**  
 Newport News, VA

**13. WORK LOCATION TELEPHONE NUMBER (Include Area Code)**  
 336/601-6714 (mobile)

**14. DATES SCHEDULED**

FROM: 10/5/99	TO: 10/6/99	15. NUMBER OF WORK DAYS: 2	16. LOCATION REFERENCE NUMBER: 001155
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**17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.**

**18. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED IN NON-AGREEMENT STATES**  
 IR-192, 63 curies, SPEC Model G-60 Sealed Source S/N FH2001, SPEC Model 150 Device S/N 487

**19. 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 license issued must accompany the report NRC Form 241.)**

LICENSE NUMBER: 085-1117-1	STATE: North Carolina	EXPIRATION DATE: 10/31/2003	TOTAL LICENSE DAYS TO DATE: 94
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**20. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)**

I, 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 150.20 (reproduced on the cover sheet of this form set), and I understand that I am required to comply with these provisions as to all equipment, 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 150.20 are limited to a total of 180 days in calendar year.
- I understand that I may be requested 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 requests.
- I understand that conduct of any activities not described above, including conduct at locations or dates or locations different from those described above or without NRC authorization, may subject me to enforcement action, including but not limited to:

**CERTIFYING OFFICER - RSO or Management Representative (Typed Name and Title)**  
 Timothy W. Frazee/ RSO

**SIGNATURE**  
*Timothy W. Frazee*

**DATE**  
 10/4/99

**WARNING: FALSE STATEMENTS OF 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 TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.**

D.M. Heim, LA/DNMS

Enclosure 6

Received in Region II NE 05  
10/4/99 cc R/A

*Clare M. Heim 10/5/99*