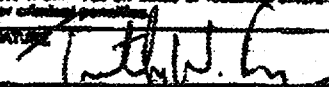
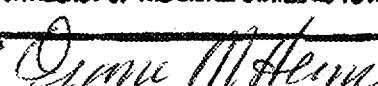


USNRC REGION II - MATERIALS LICENSING/INSPECTION BRANCHES (FAX 404-562-4955) (VERIFY 404-562-4732)

NRC FORM 841 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 ONE NRC REGION Estimated number per response to comply with the mandatory information collection request: 28 minutes. This collection is required so that NRC may evaluate requests for the NRC to ensure that they are conducted in accordance with requirements for protection of the public health and safety. For more information regarding NRC activities for the information and Records Management Branch (1-8 F20), U.S. Nuclear Regulatory Commission, Washington, DC 20549-0001, and to the President Nuclear Project (PNS) Office of Management and Budget, Washington, DC 20503. NRC may not conduct or sponsor, and a person is not authorized to respond to, a collection of information unless it displays a currently valid OMB control number.	
1. NAME OF LICENSEE (Person or firm preparing to conduct the activities described below) Quality NDE, Inc.		2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> 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) 5200 Ridge Road Joelton, TN 37080		5. LICENSEE CONTACT Timothy Frazee	
		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 190.20			
<input type="checkbox"/> WELL LOGGING	<input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS	<input type="checkbox"/> TELETHERAPY/RADIATOR SERVICE	
<input type="checkbox"/> PORTABLE GAUGES	<input type="checkbox"/> OTHER (Specify)		
<input checked="" type="checkbox"/> RADIOGRAPHY	<input type="checkbox"/> TRANSPORTATION OR PROGRAM APPROVAL NO. & KEY NO.	<input type="checkbox"/> REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NOS.)	
9. CLIENT NAME, ADDRESS, CITY/STATE, ZIP CODE Columbia Gas 1700 McCorkle Ave, SE Charleston, WV 25325		10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete as address or location is possible.) Gala Compressor Station Eagle Rock, VA off Hwy 220 North	
11. CLIENT TELEPHONE NUMBER (Include Area Code) 540-884-2473	12. WORK LOCATION TOWN/VILLAGE AUTHORIZED TO PERFORM WORK Eagle Rock, VA	13. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 540-884-2473	
14. DATES SCHEDULED FROM: 9/17/99 TO: 9/17/99		15. NUMBER OF WORK DAYS 1	16. LOCATION REFERENCE NUMBER LEAVE BLANK FOR INITIAL NRC FORM 841 REGULATOR'S NUMBER TO BE ASSIGNED BY NRC 000332
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, RECEIVED, SHIPPED, OR STORED IN NON-AGREEMENT STATES (Indicate description of type and quantity of radioactive material, sealed sources, or devices to be used.) IR-192, 19 curies, SHC Model G-60 Sealed Source, S/N F00118, SHC Model 150 Device S/N 618			
18. AUTHORITY STATE (Specify LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 8. ABOVE (Four digits of the smaller license must accompany the initial 841 Form 841.)			
LICENSE NUMBER R-19219-802	STATE Tennessee	EXPIRES DATE May 31, 2002	TOTAL LICENSE DAYS TO DATE 156
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 provisions of the general license 10 CFR 190.20 reprinted on the cover sheet of this form and; and I understand that I am required to comply with these provisions as to all equipment, sources, 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 190.20 are limited to a total of 180 days in 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 the conduct of my activities not described above, including conduct of activities on shore or offshore different from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.			
ENDORSED OFFICIAL - NRC or Regional Representative (Typed Printed Name and Title) Timothy Frazee, RSD		SIGNATURE 	DATE 9/13/99
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 TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.			
FOR NRC USE ONLY	D.M. Heim, LA/DNMS	DATE 9/13/99	REMARKS 

Received in Region II NE 5

9/13/99 cc R.X