



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

<b>NRC FORM 341</b> U.S. NUCLEAR REGULATORY COMMISSION <b>REPORT OF PROPOSED ACTIVITIES</b> <b>IN NON-AGREEMENT STATES</b> (Please read the instructions on the cover sheet before completing this form.)		<b>APPROVED BY ONE OF THE FOLLOWING:</b> Estimated number per response to comply with the mandatory information collection request: 18 minutes. This collection is required so that NRC may effectively inspect the activities to ensure that they are conducted in accordance with regulations for protection of the public health and safety. Forward comments regarding burden estimate to the Information and Records Management Branch (45 F20, U.S. Nuclear Regulatory Commission, Washington, DC 20545-0001, and to the Paperwork Reduction Project Coordinator, 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.	
<b>1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)</b> Quality NDE, Inc.		<b>2. TYPE OF REPORT</b> <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION	
<b>3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)</b> 5200 Ridge Road Joelton, TN 37080		<b>4. LICENSEE CONTACT</b> Timothy Frazee	
<b>5. TELEPHONE NUMBER (Include Area Code)</b> 615/299-9942		<b>6. FACSIMILE NUMBER (Include Area Code)</b> 615/299-9943	
<b>B. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20</b>			
<input type="checkbox"/> WELL LOGGING		<input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS	
<input type="checkbox"/> PORTABLE GALLEGES		<input type="checkbox"/> TELE THERAPY/RADIATOR SERVICE	
<input checked="" type="checkbox"/> RADIOGRAPHY		<input type="checkbox"/> TRANSPORTATION OR PROGRAM APPROVAL, NO. & REV. NO.	
<input type="checkbox"/> REGISTERED AS USER OF RADIOGRAPHS (CERTIFICATE OF COMPLIANCE NO.) USA/9263/B(u)			
<b>7. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE</b> Plantation Pipeline Co. 1800 Trenton Ave. Richmond, VA 23234		<b>8. WORK LOCATION ADDRESS (Street and Number or other location. Do not complete on address or direction of position.)</b> Dulles Airport - Hwy 28 Chantilly, VA	
<b>9. CLIENT TELEPHONE NUMBER (Include Area Code)</b> 804/275-5441		<b>10. WORK LOCATION TELEPHONE NUMBER (Include Area Code)</b> 336/601-6714 mobile	
<b>11. DATE SCHEDULED</b>		<b>12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK</b>	
FROM: 9/17/99		Chantilly, VA	
TO: 9/30/99		<b>13. NUMBER OF WORK DAYS</b> 13 1/4	
		<b>14. LOCATION REFERENCE NUMBER</b> 000330	
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 7-10 ABOVE.			
<b>15. USE OF RADIOACTIVE MATERIAL, WHICH WILL BE POSSIBLE, USED, WASTED, SERVICES, OR TESTS IN NON-AGREEMENT STATES</b> (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.) IR-192, 19 curies, SPEC Model G-60 Sealed Source, S/N FC0306, SPEC Model 150 Device, S/N 316			
<b>16. AUTHORITY STATE BY WHICH LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OR USE, AS SPECIFIED IN ITEM 8, ABOVE (Four copies of the specific license must accompany the NRC Form 341.)</b>			
<b>LICENSE NUMBER</b> R-19219-E02		<b>STATE</b> Tennessee	
<b>EXPIRATION DATE</b> May 31, 2002		<b>TOTAL USAGE DAYS TO DATE</b> 156	
<b>17. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</b>			
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 registered on the cover sheet of this form and, and I understand that I am required to comply with those provisions as to all licensed, exempt, or special source materials 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 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.			
<b>CERTIFYING OFFICER - Head of Management Representative (Typed Name and Title)</b> Timothy Frazee, RSO		<b>SIGNATURE</b> 	
		<b>DATE</b> 9/1/99	
<b>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.</b>			
<b>FOR NRC USE ONLY</b>		<b>SIGNATURE</b> 	
D.M. Heim, LA/DNMS		<b>DATE</b> 9/1/99	

NRC FORM 341 (9-99)

D.M. Heim, LA/DNMS

Received in Region II NE 9/1/99 CC RX