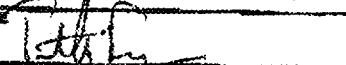



USNRC REGION II - MATERIALS LICENSING/INSPECTION BRANCHES (FAX 404-562-4955) (VERIFY 404-562-4732)

NRC FORM 241 (6-89) 10 CFR 150		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB NO. 3150-0042 Estimated burden per response to comply with the mandatory information collection request: 15 minutes. This collection 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. For more comments regarding burden estimate or the information and Reporting Requirements Branch (1-6 938), U.S. Nuclear Regulatory Commission, Washington, DC 20543-0001, and in the Paperwork Reduction Project (3150-0042), 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.	
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES (Please read the instructions on the cover sheet before completing this form.)				EXPIRES: 6/30/00 (Leave Blank - Number to be assigned by NRC)	
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) Quality NDE, Inc.		3. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION		2. 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 Joalton, 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			
B. 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 GALIGES		<input type="checkbox"/> OTHER (Specify)			
<input checked="" type="checkbox"/> RADIOGRAPHY		TRANSPORTATION QA PROGRAM APPROVAL NO. & REV. NO.		REGISTERED AS USER OF PACKAGES (CERTIFICATES OF COMPLIANCE NOS.) USA/9263/B(U)	
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE ZIP CODE Columbia Gas 1700 McTackle Ave. Charleston, WV 25325			10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible.) I-77 to Silverton/Ravenswood exit go east 3 miles to 21 south go approximately 2.5 miles		
11. CLIENT TELEPHONE NUMBER (Include Area Code) 304/357-2378		12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK Sandyville, WV		13. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 304/372-4190	
14. DATES SCHEDULED FROM: 9/4/99 TO: 9/30/99		15. NUMBER OF WORK DAYS 26		16. LOCATION REFERENCE NUMBER LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS NUMBER TO BE ASSIGNED BY NRC 000332	
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 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.) IR-192, 47 curies, SPEC Model G-60 Sealed Source, S/N FF1003, SPEC Model 150 Device, S/N 302					
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 R-19219-ED2		STATE Tennessee		EXPIRATION DATE May 31, 2002	
				TOTAL USAGE 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 provision of the general license 10 CFR 150.20 reprinted on the cover sheet of this form 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 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 - NRC or Management Representative (Type/Printed Name and Title) Timothy Frazee, RSO				SIGNATURE 	
				DATE 9/1/99	
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		AUTHORIZE D.M. Heim, LA/DNMS		SIGNATURE 	
				DATE 9/1/99	

Received in Region II NE 5
9/1/99 cc R-X