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

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.)

APPROVED BY OWNER: See 241-2014
Estimated burden per response is twenty (20) minutes. This certificate is subject to the NRC's information collection request (ICR) system. This certificate is required to the NRC only if the information is provided to the public under the Freedom of Information Act. For information on the Freedom of Information Act, contact the Freedom of Information Act Office, U.S. Nuclear Regulatory Commission, Washington, DC 20540-0001, and to the Freedom of Information Act Office, 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:
 INITIAL
 REVISION
 CLARIFICATION

3. CONTROL NUMBER (Range Sheet - 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 150.20

<input type="checkbox"/> WELL LOGGING	<input type="checkbox"/> LEAK TESTING AND/OR GAUGATIONS	<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. & REV. NO.	<input type="checkbox"/> REGISTERED AS USER OF RADIOGRAPHS (CERTIFICATE OF COMPLIANCE NO. 6)

9. CLIENT NAME, ADDRESS, CITY, COUNTY, 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 as possible):
 8284 Columbus Rd
 Bangs, OH

11. CLIENT TELEPHONE NUMBER (Include Area Code):
 614/397-8242

12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK:
 Bangs, OH

13. WORK LOCATION TELEPHONE NUMBER (Include Area Code):
 614/397-8242

14. DATES SCHEDULED:
 FROM: 8/27/99 TO: 8/27/99

15. NUMBER OF WORK DAYS:
 1

16. LOCATION REFERENCE NUMBER:
 000332

17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.
(Provide description of site and quantity of radioactive material, sealed source, or device to be used.)
 IR-192, 55Curies, Amersham Model 424-9 Sealed Source S/N D0088, Amersham model 660B device S/N E3600

18. AGREEMENT STATE OF THE LICENSEE 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-E02	STATE: Tennessee	EXPIRATION DATE: May 31, 2002	TOTAL USAGE DAYS TO DATE: 130
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19. 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 reprinted on the cover sheet of this form and I understand that I am required to comply with those provisions as to all licensed, source, or special source 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 imposed by NRC in 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 imposition.
- I understand that conduct of any activities not described above, including conduct of activities on dates or locations different than those described above or without NRC authorization, may subject me to enforcement action, including civil penalties.

CERTIFIED CORRECT - NRC or Licensee Representative (Typed Name and Title)
 Timothy Frazee, RSO

DATE: 8/24/99

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: D.M. Heim, LA/DNMS
 SIGNATURE: *D.M. Heim*
 DATE: 8/24/99

Received in Region II NE 5

8/24/99

cc RLL