

USNRC REGION II - MATERIALS LICENSING/INSPECTION BRANCHES (FAX 404-502-4933) (VERIFY 404/502-4723)

10-20
10 CFR 150

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES

(Please read the instructions on the cover sheet before completing this form.)

WARNING: Before you attempt to comply with the regulatory requirements contained herein, you should request 10 minutes. This information is required on that NRC may require inspection of the activities in states that they are conducted in accordance with requirements for protection of the public health, safety, and environment. For more information, contact the Information and Regulatory Management Branch (IR-220), U.S. Nuclear Regulatory Commission, Washington, DC 20540-0001, and to the Passport/Reference Branch (IR-220), Office of Management and Budget, Washington, DC 20503. NRC may not conduct an activity in a state unless it is approved in a written form of approval under 10 CFR 150.20 and 10 CFR 150.21.

1. NAME OF LICENSEE (Print or type properly to conduct the activities described below)
Quality NDE, Inc.

4. ADDRESS OF LICENSEE (Printing address or other recipient where notices may be received)
5200 Ridge Road
Joelton, TN 37080

2. TYPE OF REPORT
INITIAL _____
REVISION _____
 CLARIFICATION

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

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

WELL LOGGING	LEAK TESTING AND/OR CALIBRATIONS	TELE THERAPY/RADIATOR SERVICE
PORTABLE GAUGES	OTHER (Specify)	
<input checked="" type="checkbox"/> RADIOGRAPHY \Rightarrow	TRANSPORTATION OR FREIGHT SPECIAL NO. 2 REV. 4/0	REGISTERED AS USER OF PACKAGES (CERTIFICATE OF COMPLIANCE NO.) USA/9263/B(U)

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

10. WORK LOCATION ADDRESS (Street and Number or other location. Give a general address or direction as possible)
Manakin, VA / Exit 173 off I-64 go
Right 1.5 mi Hwy 250 go right to Hwy 623
go left 5 mi to Hwy 6 go east 3 mi.

11. CLIENT TELEPHONE NUMBER (Include Area Code)
540/465-6442

12. WORK LOCATION TECHNICIAN AUTHORIZED TO PERFORM WORK
Near Richmond, VA

13. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
330/466-0320 mobile

14. DATES SCHEDULED

FROM 10/20/99	TO 10/21/99	15. NUMBER OF WORK DAYS 2	16. LOCATION REFERENCE NUMBER LEAVE BLANK FOR SPECIAL NRC FORM 341 REQUESTS NUMBER TO BE ASSIGNED BY NRC 000332
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LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-14 ABOVE.

17. LIST EXISTING MATERIAL WHICH WILL BE PROVIDED OR INSTALLED SERVICES OR VESSELS IN NON-AGREEMENT STATES (Include description of type and quantity of radioactive material, source, location, or content of the vessel)
IR-192, 50 curies, SPEC Model G-60 Sealed Source S/NFG2805, SPEC Model 150 Device S/N 642

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 2 ABOVE (For copies of the license forms, visit www.nrc.gov or call NRC Form 241-1)

LICENSE NUMBER R-19219-E02	STATE Tennessee	EXPIRATION DATE May 31, 2002	TOTAL LEASE DAYS TO DATE 158
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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 provisions of the general license 10 CFR 150.20 approved on the cover sheet of this form set, and I understand that I am required to comply with these provisions in all appropriate, proper, or special license requests which I possess and also in non-Agreement States or activities subject 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 inspected by NRC at the above noted work site locations and at the licensee home office address for activities performed in non-Agreement States or activities subject.
 - I understand that conduct of any activities not described above, including conduct of activities in states or activities subject from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.

CERTIFYING OFFICER - (10 CFR 150.20 requires that the certifying officer be a U.S. citizen)
Timothy Frazee, RSO

DATE
10/19/99

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

APPROVED OFFICER (Print Name and Title)
David J. Collins, Health Physicist

SIGNATURE
David J. Collins

DATE
10/19/99

USNRC Form 241 (8-98)

Division of Health, Safety, and Environment
USNRC Region II

on II NRC 5
cc RX

Received: 10/19/99
on II NRC 5
cc RX

Enclosure 6