

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES

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

WARNING: Failure to comply with the minimum standards contained herein may result in the suspension or revocation of the license. The licensee is responsible for the accuracy of the information provided and for the consequences of any violation of the minimum standards and safety. For more information regarding this form, contact the USNRC Region II Office at the address below. USNRC Region II Office, 1000 North 17th Street, Suite 200, Raleigh, NC 27601. USNRC Region II Office, 1000 North 17th Street, Suite 200, Raleigh, NC 27601. USNRC Region II Office, 1000 North 17th Street, Suite 200, Raleigh, NC 27601.

USNRC REGION II - MATERIALS LICENSING/INSPECTION BRANCHES (FAX 404-502-4933) (VLRIFY 404/502-4123)

1. NAME OF LICENSEE (Person or firm possessing or seeking the general license or permit)		2. TYPE OF REPORT		3. CONTROL NUMBER (Leave Blank - Number to be Assigned by NRC)	
Quality NDE, Inc.		GENERAL			
4. ADDRESS OF LICENSEE (Mailing address or other address where notices may be delivered)		5. MEMBER CONTACT			
5200 Ridge Road Joelton, TN 37080		Timothy Frazer			
		6. TELEPHONE NUMBER (Include Area Code)		7. FAXING NUMBER (Include Area Code)	
		615/299-9942		615/299-9943	

8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GRIVEN IN 10 CFR 190.20

WELL LOGGING	LEAK TESTING AND PERMEATION	TELEGRAPHY/RADIATOR SERVICE
PORTABLE GAUGES	OTHER (Specify)	
X RADIOGRAPHY	TEMPERATURE/LOG PROGRAM APPROVAL NO. 3-REV-98	REGISTRATION NUMBER OF PROGRAMS IDENTIFIERS OF COMPONENTS (NCR)
		USA/9263/B(U)

9. CLIENT NAME ADDRESS CITY/STATE/ZIP CODE	10. WORK LOCATION ADDRESS (Street and Number or other address. Give an address or address of contractor, if applicable)
Columbia Gas 1700 McCorkle Ave Charleston, WV 25325	Marakin, 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)	12. WORK LOCATION TELEPHONE NUMBER TO BE CONTACTED TO PERFORM WORK	13. WORK LOCATION TELEPHONE NUMBER (Include Area Code)
540/465-6442	Near Richmond, VA	540/333-9040

14. DATES SCHEDULED		15. NUMBER OF WORK DAYS	16. LOCATION REFERENCE NUMBER
10/27/99	10/28/99	2	000332

Please use new Form 241

LIST ADDITIONAL WORK ITEMS ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.

17. LIST RADIOGRAPHIC FILM WHICH WILL BE PROVIDED UNDER LICENSED SERVICES OF THE LICENSEE IN NON-AGREEMENT STATES (Provide description of type and number of film, exposure, film size, etc. or contact of licensee)

IR-192, 38 curies, SPEC Model G-60 Sealed Source S/N R30712, SPEC Model 150 Device S/N 316

18. AGREEMENT STATE (Specify the state in which the licensee is licensed to conduct activities which are the same, except for location of use, as specified in item 8 above. The name of the state must correspond to the NRC Form 241.)

LICENSE NUMBER	STATE	EXPIRES DATE	TOTAL WORK DAYS FOR THIS
R-19219-E02	Tennessee	May 31, 2002	160

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

- I, THE UNDERSIGNED, HEREBY CERTIFY THAT:
- An admission in this report is true and complete.
 - I have read and understand the provisions of the general license 10 CFR 190.20 reported on the cover sheet of this form and I understand that I am required to comply with these provisions as to all equipment, source, or special nuclear material which I possess and use in non-agreement states or otherwise outside under the general license for which this report is filed with the U.S. Nuclear Regulatory Commission.
 - I understand that criminal, including charges, conducted in non-agreement states under general license 10 CFR 190.20 are limited to a total of 180 days in calendar year.
 - I understand that I may be contacted by NRC at the above listed work site location and/or the licensee home office address for activities performed in non-agreement states or otherwise outside. I am also aware that I will be responsible for any fees associated with such requests.
 - I understand that consent of any activities not described above, including consent 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.

SIGNATURE OF APPLICANT	DATE
Timothy Frazer, ESO	10/25/99

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 1501 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 BY (Name, Title, Date and Sign)	DATE
	David J. Collins, Health Physicist Division of Nuclear Materials Safety USNRC Region II	10/25/1999

PDR. S T P R 6

Received in Region II NERB
OCT 25 1999