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FORM 150

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES

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

1. NAME OF LICENSEE (person or firm proposing to conduct the activities described herein): Able Testing & Inspection Inc.
 ADDRESS OF LICENSEE (mailing address or other location where licensee may be located): PO Box 158, Hoves Cave, NY 12092

2. TYPE OF REPORT: INITIAL REVISION (insert #) #001046

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

4. LICENSE CONTACT: Michael L. Chauvin, 518-357-9079 (include Area Code), 518-357-4683

5. LICENSEE ADDRESS (street and number or other location, city and state, county, state, zip code): Vermont Gas Systems Inc., PO Box 467, 85 Swift Street, Burlington, VT 05403

6. WORK LOCATION ADDRESS (street and number or other location, city and state, county, state, zip code): Pipeline located in the Towns of Highgate & Swanton, VT

7. WORK LOCATION TELEPHONE NUMBER: 802-683-4511

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE: Vermont Gas Systems Inc., PO Box 467, 85 Swift Street, Burlington, VT 05403

9. WORK LOCATION AUTHORIZED TO PERFORM WORK: Ronald Thackeray, Michael Chauvin

10. WORK LOCATION TELEPHONE NUMBER: 802-683-4511

11. CLIENT TELEPHONE NUMBER: 802-683-4511

12. WORK LOCATION TELEPHONE NUMBER: 802-683-4511

13. WORK LOCATION TELEPHONE NUMBER: 802-683-4511

14. DATES SCHEDULED: FROM 7/30/99 TO 9/28/99

15. WORK DAYS: 49

16. LOCATION REFERENCE NUMBER: LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS NUMBER TO BE ASSIGNED BY NRC

17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE. (List additional work sites on separate sheet to include all information contained in items 9-16 above. (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)

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.)

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 provisions of the general license to CFR 150.20 reported 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.
 c. 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.
 d. 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.
 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.

20. SIGNATURE: Lynn H. Chauvin
 DATE: 11/1/99

21. AUTHORIZING OFFICIAL (Typed Name and Title): Lynn H. Chauvin
 DATE: 11/1/99

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