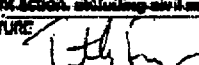
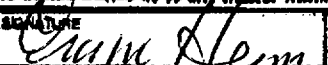


USNRC REGION II - AUBURN GA FAX (404) 562-4955 / VERIFY (404) 562-4723

NRC FORM 241 (7-1999) U.S. NUCLEAR REGULATORY COMMISSION <b>REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS</b> <i>(Please read the instructions before completing this form)</i>		APPROVED BY OMB: NO. 3150-0013 EXPIRES: 07/31/2002 <small>Estimated burden per response to comply with this mandatory collection request: 15 minutes. This certification 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. Send comments regarding burden estimates to the Records Management Branch (T-8 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to 181@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOS-19202, (3-185-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.</small>	
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) <b>Quality NDE, Inc.</b>		2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> CLARIFICATION	
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) <b>5200 Ridge Road Joelton, TN 37080</b>		4. LICENSEE CONTACT AND TITLE <b>Timothy Frazee, RSO</b>	
		5. TELEPHONE NUMBER (Include Area Code) <b>615/299-9942</b>	6. FACSIMILE NUMBER (Include Area Code) <b>615/299-9943</b>
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 198.20 <input type="checkbox"/> WELL LOGGING <input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELE THERAPY/IRRADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) → _____ <input checked="" type="checkbox"/> RADIOGRAPHY → <u>REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)</u> <u>USA/9283 /B(U)</u>			
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE <b>Plantation Pipeline 1800 Trenton Ave. Richmond, VA 23234</b>		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address, or directions as possible.) <b>I-85 to Hwy 150 West - Chippenham Bky to Belmont Road south through 2 lights on left.</b>	
		10. CLIENT TELEPHONE NUMBER (Include Area Code) <b>804/275-5441</b>	11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <b>423/567-5592</b>
12. DATES SCHEDULED FROM <b>12/3/99</b> TO <b>12/3/99</b> <b>12/8/99</b> <b>12/8/99</b>		13. NUMBER OF WORK DAYS <b>2</b>	14. ADD <b>2</b>
		15. DELETE <b>0</b>	16. LOCATION REFERENCE NUMBER <b>NUMBER TO BE ASSIGNED BY NRC</b> <b>000 270</b>
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.			
17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED OR TESTED. (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.) <b>IR-192, 21 curies, Amersham Model 424-9 Sealed Source S/N D0088, Amersham Model 660B Device S/N 3600</b>			
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 this specific license must accompany the NRC Form 241.)		LICENSE NUMBER <b>R-19219-E02</b>	STATE EXPIRATION DATE <b>TN 5/31/02</b>
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 198.20 reprinted on the instructions 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 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 198.20 are limited to a total of 180 days in calendar year, with the exception of work conducted in off-shore waters, which is authorized for an unlimited period of time in the calendar year. d. I understand that I may be suspended by NRC at the above noted work site locations and at the licensee home office address for activities performed in non-Agreement States or offshore waters. e. I understand that conduct of any activities not described above, including removal of activities or devices 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 (Include Name and Title) <b>Timothy Frazee RSO</b>		SIGNATURE 	DATE <b>12/1/99</b>
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 a Federal agency or to any matter within its jurisdiction.			
FOR NRC USE ONLY	D.M. Heim, LAVDNMS	SIGNATURE 	DATE <b>12/1/99</b>
		TOTAL USAGE - DAYS TO DATE <b>162</b>	

Received in Region II NEOS  
12/1/99 cc R