							P	age /	of 7
NRC FORM 653		U.S. NU	CLEAR REGULATORY COM	MISSION		. OMB: NO. 3150-0	001	EXPIRE	ES: 08/31/2002
TRANSFERS OF INDUSTRIAL DEVICES REPO (Continue on NRC Form 653A or NRC Form 653B, as appropr					request: 24 m device movem Management Washington, D Desk Officer, (3150-0001), C means used to valid OMB co	den per response nutes. NRC reque ents. Send commen Branch (T-6 E6), C 20555-0001, or b Office of Informatii yffice of Manageme impose an informa ntrol number, the	ests quarterly r ts regarding bur U.S. Nuclear y internet e-mail on and Regula nt and Budget, ation collection NRC may not	eports to kee den estimate Regulatory to bjs1@nrc. tory Affairs, Washington, does not disp conduct or s	ep apprised of to the Records Commission, gov, and to the NEOB-10202, DC 20503, if a blay a currently ponsor, and a
(Continue on t	NRC Form 653	A or NRC F	orm 653B, as appropria	ite)	person is not r	equired to respond to		on collection.	=
NAME OF VENDOR	otherm	GAUG	ing Systems		FROM	REPORTING	PERIOD	то	
LICENSE NUMBER MAZCO-675				1.	101/2	001	30 SI	EPT	zool
For	each "person" t	o whom a de	evice(s) has been transferr	ed during t	he reporting	period, supply	the followi	ıg:	
			INTERMEDIATE PE						
NAME OF INTERMEDIATE PERSON NAME OF RESPONSIBLE INDMIDUAL				TITLE OF RE	SPONSIBLE INDI	/IDUAL	-	TELEPHONE	
			GENERAL LICENSEE US						
NAME OF GENERAL LICENSEE USER VERNON PLASTICS								include Zip	Code)
DEPARTMENT, AINTENANCE + FNGINCERING NAME OF RESPONSIBLE INDIMIDUAL TELEPHONE 978				Z.S HA	Shc. vcahi	11, Re 11 MA	0183	35	
		19R	52.1- 60077						
			INFORMATION ON DEVIC	E(S) TRAN	SFERRED		- T		
DATE OF TRANSFER	TYPE OF D	EVICE	MODEL NUMBER	SERIAL	NUMBER	ISOTOPE	_{		
7/27/01	Beta E	AUYE	SCL-77A	101		KR 35	100	OM	<u> </u>
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			GENERAL LICENSEE U						
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		NIA CRI	391-3971	-					
TITLE OF RESPONSIBLE INC ENGINEES	LINJ ITA	in yes	INFORMATION ON DEVI	 CE(S) TRAI	SFERRED				
DATE OF TRANSFER	TYPE OF	DEVICE	MODEL NUMBER		L NUMBER	ISOTOPE	AC		
7/2.7/01	Beta 6	Auge	SUP-77A	14,	76	SR 90	5 10	C M	c i
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NRC FORM 653		UU	CLEAR REGULATORY COM	MISSION	APPROVEL	JMB: NO. 3150-	-0001	EXPIRE	S: 08/31/2002
TRANSFERS OF INDUSTRIAL DEVICES REPOR					Estimated burden per response to comply with this mandatory collect request: 24 minutes. NRC requests quarterly reports to keep apprised device movements. Send comments regarding burden estimate to the Reco Management Branch (T-6 E6), U.S. Nuclear Regulatory Commissi Washington, DC 20555-0001, or by internet e-mail to bjs1@nrc.gov, and to Desk Officer, Office of Information and Regulatory Affairs, NEOB-102 (3150-0001), Office of Management and Budget, Washington, DC 20503, means used to impose an information collection does not display a curre valid QMB control number, the NRC may not conduct or sponsor, and				
(Continue on	NRC Form 653	A or NRC I	Form 653B, as appropria	ute)		required to respond			
	(al hacon	Cont			FROM	REPORTING	PERIOD	то	
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<u>1117. 20</u> Fo	r each "person" t	to whom a d	evice(s) has been transferr	ed during t	he reporting	period, supply	the following	:	
			INTERMEDIATE PE	RSON (if ar	ıy)				
NAME OF INTERMEDIATE PERSON NAME OF RESPONSIBLE INDIVIDUAL			TITLE OF RES	SPONSIBLE IND	VIDUAL	TE	LEPHONE		
			GENERAL LICENSEE US						
VAME OF GENERAL LICENS		$\sim$	wh America			OCATION OF USE (	· · - · ·		ode)
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	eggison		207.856-4323						
TITLE OF RESPONSIBLE IND Process (a)	HATLE FOR	1 Back	p R.S.O.						
	3	1	INFORMATION ON DEVIC	E(S) TRANS	SFERRED				
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8/2/01	Beta G.	AUGE-	SCL 77A	1012	2-5	KR-85	1000	MC1	, 
8/2/01	Beth G	AUge	SCL 77A	101	26	KR- 85	1000	MC	/
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	, <u>, , , , , , , , , , , , , , , , , , ,</u>		INTERMEDIATE PE	RSON (if a	ny)				
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NAME OF GENERAL LICENS	EEUSER	1.L.	0.1	MAILING ADD	DRESS AT THE I		(No., P.O. Boxes,	include Zip	) Code)
JULNEC DEPARTMENT	A 1	Johns	0.5	- US Roste 7					
MANUTACTURING					- US ROUTE #7 NORTH BRUNSWICK NJ 08902				
NAME OF RESPONSIBLE INDIVIDUAL WILLAM HUDZIK 7324225309							0010	· -	
TITLE OF RESPONSIBLE IN	DMDUAL								
· · · · · · · · · · · · · · · · · · ·			INFORMATION ON DEVIC	E(S) TRAN	SFERRED				
DATE OF TRANSFER	TYPE OF 0	DEVICE	MODEL NUMBER	SERIAL	NUMBER	ISOTOPE	ACTIN		UNITS
9/18/01	Beta G	Auge	HUB-77A	KA	1133	KR 85		D PAC	; <u>j</u>
9/18/01	RetA 6	Auge	HUB-77A	KA	1134	KR85	1200	omo	<u>ci</u>
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NRC FORM 653		U.S. NUCLEAR REGULATORY COM	AMISSION	APPROVED BY	OMB: NO. 3150-0	0001	EXPIRES: 08/31/2	00;	
	TRANSFERS OF INDUSTRIAL DEVICES REPORT (Continue on NRC Form 653A or NRC Form 653B, as appropri				(3150-0001), Office of Management and Budget, Washington, C means used to impose an information collection does not displa valid OMB control number, the NRC may not conduct or spo				
NAME OF VENDOR				L	REPORTING	PERIOD		_	
Eurotherm G	auging Systems II			FROM			<u>TO</u>		
MA 20-6751	/ MA 20-6752			JJ14 2			ep200 \$		
For	each "person" to wh	om a device(s) has been transfer			period, supply	the following	•		
NAME OF INTERMEDIATE PER		INTERMEDIATE PE		IY) PONSIBLE INDIV	IDUAL	TE	ELEPHONE		
······		GENERAL LICENSEE U							
NAME OF GENERAL UCENSE			MAILING ADD	RESS AT THE LC	CATION OF USE (	No P.O. Boxes, in	clude Zip Code)		
DEPARTMENT DEPARTMENT MAME OF RESPONSIBLE IND AIGA SC TITLE OF RESPONSIBLE IND		TELEPHONE 615-847-7000		70 010 010 H	L Hicko	TN 3	l. 7138		
		INFORMATION ON DEVIC	L CE(S) TRANS	SFERRED		·····			
DATE OF TRANSFER	TYPE OF DEVIC			NUMBER	ISOTOPE	ACTIV	ITY AND UNITS		
9-21-01	DEN DOUGLE ASCIS	ASC.185	KA I	127	Kr-85	1.	25 Ci		
	/				/				
							<u>.                                    </u>		
					<u> </u>				
NAME OF INTERMEDIATE PE		INTERMEDIATE P		SPONSIBLE INDI		T	ELEPHONE		
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		GENERAL LICENSEE L				(No P.O. Boxes	, include Zip Code)		
NAME OF GENERAL LICENSI C.OOO DEPARTMENT NAME OF RESPONSIBLE INI PAN TITLE OF RESPONSIBLE INI	<u>ey (</u>	TELEPHONE 330-928-233			ualiyy sfer, 5				
DATE OF TRANSFER	TYPE OF DEVI	INFORMATION ON DEVI			ISOTOPE	ACTI	VITY AND UNITS		
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PACTIVE CORP 5780LD JA	and SC. 2984.
Production BEECH 231	
INFORMATION ON DEVICE(S) RECEIVED	
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23/01 Bett SCL.77A 9621	
123/01 BETA SCL-77A 967-7-	<u> </u>
123/61 BETA SCL 11A 9624	
GENERAL LICENSEE USER INFORMATION	
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ARTMENT	
INFORMATION ON DEVICE(S) RECEIVED	
DATE OF TYPE OF MODEL NUMBER SERIAL NUMBER (IF NO	ER OR INITIAL TRANSFEROR T REPORTING PARTY)

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NRC FORM 653A (11-2000)				U.S. NUCLEAR REGULATORY COMMISSION
10 CFR 32	TRAI	NSFERS OF I	NDUSTRIAL DE	VICES REPORT (Continuation)
	For each "per	son" to whom a dev	rice(s) has been receiv	ed during the reporting period, supply the following:
			GENERAL LICENSEE U	
	CENSEE USER	COATIN tion	У <u>с</u>	MAILING ADDRESS AT THE LOCATION OF USE (NO P.O. Boxes, include Zip Code) Z.Z.S. WALLEN AVE WEST DUCCK MIE CHC. 92
Pit	202007	tion		
			INFORMATION ON DE	
DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)
7/20/01	BETA GAUGE	SCL 77A	10103	
7/20/01	BETA EAUGE	SCL 77A SCL 77A	10105	
			GENERAL LICENSEE U	JSER INFORMATION
	ICENSEE USER			MAILING ADDRESS AT THE LOCATION OF USE (NO P.O. Boxes, include Zip Code) 1620 High And AVE
	anufact	E turing		HICKORY NC 28603
			INFORMATION ON DE	
DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)
7/3/01	BETA GAUGE	SCL 77A	9475	
TBIDI	1		9550	
71.31101		$\checkmark$	9551	
			GENERAL LICENSEE	
NAME OF GENERAL I				MAILING ADDRESS AT THE LOCATION OF USE (NO P.O. BOXES, include Zip Code) 436 OID MOUNTCHNCLE
	oductu	0,00		Dudlay NC 2-8333
		·····	INFORMATION ON DE	EVICE(S) RECEIVED
DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)
8/14/01	BETA GAUGE	SUP 77A	12.03	
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			GENERAL LICENSEE	USER INFORMATION
NAME OF GENERAL		we PA,	Per	MAILING ADDRESS AT THE LOCATION OF USE (NO P.O. BOXES, INCLUDE ZIP CODE)
	ed ict			Westbrack ME 04098
	<u>··-</u> ,	<u></u>	INFORMATION ON D	EVICE(S) RECEIVED
DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)
8/21/01	BetA GAUGE	SCL77A	9338	
V	V	V	9350	
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10 CFR 32

U.S. NUCLEAR REGULATORY COMMISSION

## 6057

## TRANSFERS OF INDUSTRIAL DEVICES REPORT (Continuation)

	For each "per	son" to whom a dev	rice(s) has been receive	ed during the reporting period, supply the following:		
			GENERAL LICENSEE U	ISER INFORMATION		
NAME OF GENERAL L SAIN + CO DEPARTMENT	CENSEE USER Ve: DAIN Ve: Coduction	tretex		MAILING ADDRESS AT THE LOCATION OF USE (NO PO Boxes, include Zip Code) 47.5 L'Alnut GATE Rd Russellville AL 356.54		
1 4	Caucilor					
			INFORMATION ON DE			
DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)		
8/28/01	Bota GAUJe-	SLL 77A	9372-			
		$\square$	$\overline{}$			
$\square$	F C		<u> </u>			
			GENERAL LICENSEE U			
	LICENSEE USER FILMS			MAILING ADDRESS AT THE LOCATION OF USE (NO P.O. Boxes, include Zip Code)		
DEPARTMENT MANU FACTURING				HOWELL MI 48843		
			INFORMATION ON DE			
DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)		
8/23/01	BetA EAUge-	ASC-185	KA 550			
		$\sim$				
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	GENERAL LICENSEE	JSER INFORMATION		
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DEPARTMENT						
			INFORMATION ON DE			
DATE OF	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)		
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			GENERAL LICENSEE	USER INFORMATION		
NAME OF GENERAL	LICENSEE USER			MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)		
DEPARTMENT			<u> </u>			
		···	INFORMATION ON DI	EVICE(S) RECEIVED		
DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)		
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FORM 653A			
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NRC FC (11-2000) U.S. NUCLEAR REGULATORY COMMISSION

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10 CFR 32	TRA	NSFERS OF II	NDUSTRIAL DE	VICES REPORT (Continuation)
	For each "pe	rson" to whom a dev	ice(s) has been receiv	ed during the reporting period, supply the following:
<u></u> U_,U, ***			GENERAL LICENSEE U	SER INFORMATION
NAME OF GENERAL 1				MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)
ELK				6200 ZERKER ROAD
DEPARTMENT				-
			·· <u>···································</u>	shaflers CA G3263
			INFORMATION ON DE	
DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)
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/			,	
		······································	GENERAL LICENSEE U	
NAME OF GENERAL				MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)
PGI Nonwovens				Liermouth Roall
CEPARTMENT				Landisville, NJ 08326
			INFORMATION ON DE	
DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)
9/24/01	beter Gauge	ASCIES	KA650	Eurothern Granging Systems
,			/	
	1			
			GENERAL LICENSEE	JSER INFORMATION
NAME OF GENERAL	LICENSEE USER	,		MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)
DEPARTMENT				-
			INFORMATION ON DE	EVICE(S) RECEIVED
DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)
			GENERAL LICENSEE	
NAME OF GENERAL	CLICENSEE USER			MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)
DEPARTMENT				
		<u> </u>	INFORMATION ON D	EVICE(S) RECEIVED
DATE OF RECEIPT		MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)
REUGIFT				