



GL-707883-17
01/04/2013
NRC FORM 664
02 - 2004
10 CFR 31.5

SECTION 1
PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

EXPIRES: 03/31/2010

Estimated burden per response to comply with this mandatory collection request: 20 minutes. NRC will use this information to track general licensees and their devices to ensure a higher level of device accountability. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0000). 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.

Complete all six sections of this registration form. If any of the preprinted information is incorrect, provide the changes in the applicable boxes. USE CAPITAL LETTERS.

General License SECTION 1 - GENERAL LICENSEE INFORMATION

Registration Number
GL-707883-17

Enter the company name and the street address/physical location of use for your device(s). For portable devices, specify the primary storage location. Do not use a P.O. Box address.

Company Name: WEST VIRGINIA MINE POWER INC.

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Department: PREP PLANT

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Address Line 1: PO BOX 574

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Address Line 2: ROCKCLIFF ROAD

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City: RUPERT

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State: WV

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Zip Code: 25984 - 0574

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For NRC Use Only <i>(Do not write here)</i>	Category: <table border="1"><tr><td></td><td></td></tr></table>									
	Packet Receipt Date (MMDDYYYY): <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
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SECTION 1 - GENERAL LICENSEE INFORMATION (Continued)

Enter the name, telephone number and title of the person who is the responsible individual for the device(s).

Last Name: PALMER

[Empty grid for last name]

First Name: HARRY

[Empty grid for first name]

Middle Initial: E

[A]

Telephone: (304) 392-9875

[Empty grid for telephone number]

Extension:

[Empty grid for telephone extension]

Title: SUPERINTENDANT

[Empty grid for title]

**Enter the mailing address where correspondence regarding your device(s) should be sent.
This address should be specific to the use or storage location of your device(s).**

Department: PREP PLANT

[Empty grid for department]

Address Line 1: PO ROX 574

[Empty grid for address line 1]

Address Line 2: ROCKCLIFF ROAD

[Empty grid for address line 2]

City: RUPERT

[Empty grid for city]

State: WV

[Empty grid for state]

Zip Code: 25984 - 0574

[Empty grid for zip code]

[Empty grid for zip code]





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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

Our records indicate that you have these devices. Please update the information as necessary.

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NRC Device Key 640332 (Internal Control Number)

Distributor/Distributed By: THERMO MEASURETECH

Grid for distributor information

Distributor License Number: L03524

Grid for distributor license number

Manufacturer Name: THERMO MEASURETECH

Grid for manufacturer name

Device Model (Not Source Model): 5202

Grid for device model

Device Serial Number: B2518

Grid for device serial number

Transfer Date (Receipt Date): 05/29/2001

Grid for transfer date

MM DD YYYY

Not in possession of device (Also complete Section 4.)

Input checkbox

Table with columns: Isotope (e.g. AM241), Activity (e.g. 100), Unit (e.g. mCi). Row 1: CS137, 200.00000000, mCi





SECTION 4 - NOT IN POSSESSION OF DEVICE

Provide information about devices listed in Section 2 or 6, but no longer in your possession.

Part 1

Transfer Date:

NRC Device Key: (from Section 2 or 6)

MM DD YYYY

Location of the Device:

- Whereabouts Unknown (complete Part 1 only)
- Never Possessed the Device (complete Part 1 only)
- Returned to Manufacturer (complete Part 1 only)
- Transferred to another general licensee (complete Parts 2 and 3)
- Transferred to a Specific Licensee (Not the manufacturer) (complete Part 2)

Part 2 License Number of Recipient (if transferred to a specific licensee):

Company Name:

Department:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

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Part 3

Enter the name of the individual responsible for this device:

Last Name:

First Name:

Middle Initial:

Telephone Number:

Extension:

Title:





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SECTION 5 - CERTIFICATION

SECTION 5
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I hereby certify that:

- A. All information contained in this registration is true and complete to the best of my knowledge and belief.
- B. A physical inventory of the devices subject to registration has been completed, and the device information on this form has been checked against the device labeling.
- C. I am aware of the requirements of the general license, provided in 10 CFR 31.5.
(Copies of applicable regulations may be viewed at the NRC website at:
<http://www.nrc.gov/reading-rm/doc-collections/cfr>)

Harry Palmer

March 13, 2013

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

DATE

WARNING: FALSE STATEMENTS MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL ASPECTS. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY WRONG STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER IN ITS JURISDICTION.





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SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

SECTION 6

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NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: