



GL-58197-17  
04/11/2013  
NRC FORM 664  
02 - 2004  
10 CFR 31.5

U.S. NUCLEAR REGULATORY COMMISSION

### GENERAL LICENSEE REGISTRATION

<b>APPROVED BY OMB: NO. 3150-0198</b>	<b>EXPIRES: 03/31/2010</b>
<small>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.</small>	

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-58197-17

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: ICG EASTERN LLC

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Department: BIRCH RIVER MINE

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Address Line 1: WEST VIRGINIA ROUTE 82 WEST

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Address Line 2:

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City: COWEN

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State: WV 

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Zip Code: 26206 - 

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<b>For NRC Use Only (Do not write here)</b>	<b>Category:</b> <table border="1"><tr><td> </td><td> </td></tr></table>										
<b>Packet Receipt Date (MMDDYYYY):</b>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
<b>Accession Number:</b>	<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>										

FSME10



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SECTION 1  
PAGE 2 of 2

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: ODELL

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First Name: CHARLES

Middle Initial: K

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--

Telephone: (304) 226-2113

Extension:

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--

Title: ENVIRONMENTAL ENGINEER

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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: BIRCH RIVER MINE

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Address Line 1: P.O. BOX 1019

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Address Line 2:

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City: COWEN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State: WV

--	--

Zip Code: 26206 -

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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.

PAGE 1 of 2

NRC Device Key 447147 (Internal Control Number)

Distributor/Distributed By: TN TECHNOLOGIES, INC.

[Empty grid box]

Distributor License Number: L01105

[Empty grid box]

Manufacturer Name: TN TECHNOLOGIES, INC.

[Empty grid box]

Device Model (Not Source Model): 5202

[Empty grid box]

Device Serial Number: B1321

[Empty grid box]

Transfer Date (Receipt Date): 11/15/1991

[Empty grid box]

MM DD YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137 [Empty grid box]	200.000000000 [Empty grid box]	mCi [Empty grid box]
2	[Empty grid box]	[Empty grid box]	[Empty grid box]
3	[Empty grid box]	[Empty grid box]	[Empty grid box]
4	[Empty grid box]	[Empty grid box]	[Empty grid box]
5	[Empty grid box]	[Empty grid box]	[Empty grid box]
6	[Empty grid box]	[Empty grid box]	[Empty grid box]





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**SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

**SECTION 2**

**PAGE 2 of 2**

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

**NRC Device Key**                    **447148**      (**Internal Control Number**)

Distributor/Distributed By:    **TN TECHNOLOGIES, INC.**

[Empty grid box]

Distributor License Number:    **L01105**

[Empty grid box]

Manufacturer Name: **TN TECHNOLOGIES, INC.**

[Empty grid box]

Device Model (Not Source Model): **5202**

[Empty grid box]

Device Serial Number: **B1322**

[Empty grid box]

Transfer Date (Receipt Date): **11/15/1991**

[Empty date grid boxes]

MM            DD            YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137 [Empty grid box]	200.000000000 [Empty grid box]	mCi [Empty grid box]
2	[Empty grid box]	[Empty grid box]	[Empty grid box]
3	[Empty grid box]	[Empty grid box]	[Empty grid box]
4	[Empty grid box]	[Empty grid box]	[Empty grid box]
5	[Empty grid box]	[Empty grid box]	[Empty grid box]
6	[Empty grid box]	[Empty grid box]	[Empty grid box]







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**SECTION 4 - NOT IN POSSESSION OF DEVICE**

**SECTION 4**  
**PAGE 1 of 1**

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

**Part 1**

NRC Device Key:  
(from Section 2 or 6)

4 4 7 1 4 7

Transfer Date:

0 4 0 1 2 0 1 3

MM DD YYYY

Location of the Device:

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

**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:

-

**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 4 - NOT IN POSSESSION OF DEVICE

SECTION 4

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

Part 1

Transfer Date:

NRC Device Key:

4 4 7 1 4 8

0 4 0 1 2 0 1 3

(from Section 2 or 6)

MM

DD

YYYY

Location of the Device:

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

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

[Empty grid for license number]

Company Name:

[Empty grid for company name]

Department:

[Empty grid for department]

Address Line 1:

[Empty grid for address line 1]

Address Line 2:

[Empty grid for address line 2]

City:

[Empty grid for city]

State:

[State dropdown]

Zip Code:

[Zip code grid]

Part 3

Enter the name of the individual responsible for this device:

Last Name:

[Empty grid for last name]

First Name:

[Empty grid for first name]

Middle Initial:

[Empty box for middle initial]

Telephone Number:

[Empty grid for telephone number]

Extension:

[Empty grid for extension]

Title:

[Empty grid for title]





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**SECTION 5 - CERTIFICATION**

**SECTION 5**  
**PAGE 1 of 1**

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>)

Charles K. O'Dell

5/17/13

**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**

PAGE 1 of 1

**NRC Device Key:**

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

**ACKNOWLEDGMENT OF RECEIPT OF RADIOACTIVE MATERIAL**

April 1, 2013

Keith O'Dell  
Arch Coal  
Birch River Mine  
RT 82 W  
Cowen, WV 26206

RMA Number 32205

Attention Keith O'Dell:

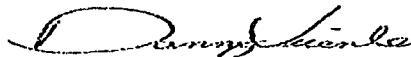
This is to certify that Thermo Fisher Scientific has received and accepted ownership of the radioactive material described below pursuant to applicable regulations and as authorized by our Texas Radioactive Material License L03524.

Manufacturer	Model	Serial	Isotope	Source	Activity Units	Assay
TN TECHNOLOGIES	5202	B1321	Cs-137	GG-6273	200 mCi	4/11/1991
TN TECHNOLOGIES	5202	B1322	Cs-137	GG-6324	200 mCi	4/11/1991
Summary (2 sources)					400 mCi	

This receipt should be retained in your files as a permanent record showing the disposition of this radioactive material. If you are not the Radiation Safety Officer or responsible for maintaining regulatory records for radioactive material, please forward this letter to the appropriate person.

If you have any questions or require additional assistance, please contact us at (800) 437-7979 or (713) 272-0404

Sincerely,  
Thermo Fisher Scientific



Danny Vicente  
Nuclear Services Specialist