



GL-3797-18  
 04/07/2014  
 NRC FORM 664  
 02 - 2004  
 10 CFR 31.5

SECTION 1  
 PAGE 1 of 2

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 <a href="mailto:infocollects@nrc.gov">infocollects@nrc.gov</a> 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-3797-18**

**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: LOGANSPORT WASTEWATER PLANT

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Department:

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

Address Line 1: 1400 WEST WABASH AVENUE

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

Address Line 2:

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

City: LOGANSPORT

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

State: IN

--	--

Zip Code: 46947 -

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**For NRC Use Only**                    **Category:**

*(Do not write here)*                    **Packet Receipt Date (MMDDYYYY):**

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**Accession Number:**

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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: HARTMAN

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

First Name: PAUL

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

Middle Initial: A

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Telephone: (574) 753-6231

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Extension:

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

Title: CURRENT SAFETY OFFICER

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

**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: WATER & WASTEWATER DEPT.

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

Address Line 1: 601 E BROADWAY

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

Address Line 2:

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

City: LOGANSPORT

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

State: IN

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Zip Code: 46947 -

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GL-3797-18

04/07/2014

### SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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

**NRC Device Key**                    **47834**        (**Internal Control Number**)

Distributor/Distributed By:     TN TECHNOLOGIES, INC.

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Distributor License Number:    L01105

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Manufacturer Name: TN TECHNOLOGIES, INC.

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Device Model (Not Source Model): 5191

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Device Serial Number: B823

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

Transfer Date (Receipt Date): 08/15/1977

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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 <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						500.000000000 <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																		mCi <table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
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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**                    **47835**                    **(Internal Control Number)**

Distributor/Distributed By:    TN TECHNOLOGIES, INC.

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Distributor License Number:    L01105

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Manufacturer Name: TN TECHNOLOGIES, INC.

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Device Model (Not Source Model): 5191

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Device Serial Number: B825

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

Transfer Date (Receipt Date): 08/15/1977

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

MM                    DD                    YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																														
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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:

-

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**  
**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>)

*Paul X. Adams*

*MAY 07, 2014*

**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: