



GL-725526-18

04/10/2014

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 3

NRC Device Key **815588** **(Internal Control Number)**

Distributor/Distributed By: **BERTHOLD TECHNOLOGIES USA, LLC**

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Distributor License Number: **R-01082-E12**

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Manufacturer Name: **BERTHOLD TECHNOLOGIES USA, LLC**

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Device Model (Not Source Model): **LB 7440-D-CR**

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Device Serial Number: **37624-12366**

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Transfer Date (Receipt Date): **04/18/2011**

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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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GL-725526-18

04/10/2014

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 **815590** (Internal Control Number)

Distributor/Distributed By: **BERTHOLD TECHNOLOGIES USA, LLC**

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Distributor License Number: **R-01082-E12**

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Manufacturer Name: **BERTHOLD TECHNOLOGIES USA, LLC**

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Device Model (Not Source Model): **LB 7440-D-CR**

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Device Serial Number: **37624-12368**

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Transfer Date (Receipt Date): **04/18/2011**

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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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GL - 7 2 5 5 2 6 - 1 8

Date 04/10/2014

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

NRC Device Key 815588 (from Section 2 or 6)

Transfer Date

1 2 0 9 2 0 1 3 MM DD YYYY

Location of the Device:

- Whereabouts Unknown, Transferred to another general licensee, Never Possessed the Device, Transferred to a Specific Licensee, Returned to Manufacturer

Part 2

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

GL - 6 5 0 2 2 4 - 1 8

Company Name:

KEPLER PROCESSING CO LLC

Department:

KEPLER PREP PLANT

Address Line 1:

STATE RTE . 9 7 WEST

Address Line 2:

PO BOX 1 5 3 0

City:

PINEVILLE

State: WV

Zip Code: 2 4 8 7 4 -

Part 3 Enter the name of the individual responsible for this device.

Last Name:

HATCHER

First Name:

CHRISTOPHER

Middle Initial:

A

Telephone Number:

3 0 4 - 2 3 2 - 0 2 0 0

Extension

Title

PREP PLANT MANAGER

GL - 7 2 5 5 2 6 - 1 8

Date 04/10/2014

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

NRC Device Key 815590 (from Section 2 or 6)

Transfer Date

1 2 0 9 2 0 1 3 MM DD YYYY

Location of the Device:

- Whereabouts Unknown, Never Possessed the Device, Returned to Manufacturer, Transferred to another general licensee, Transferred to a Specific Licensee

Part 2

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

GL - 6 5 0 2 2 4 - 1 8

Company Name:

KEP LER PROCESSING CO L L C

Department:

KEP LER PREP PLANT

Address Line 1:

STATE RTE . 9 7 WEST

Address Line 2:

PO BOX 1 5 3 0

City:

P I N E V I L L E

State: WV

Zip Code: 2 4 8 7 4 -

Part 3 Enter the name of the individual responsible for this device.

Last Name:

H A T C H E R

First Name:

C H R I S T O P H E R

Middle Initial:

A

Telephone Number:

3 0 4 - 2 3 2 - 0 2 0 0

Extension

Title

P R E P P L A N T M A N A G E R



GL - 7 2 5 5 2 6 - 1 8

Date 04/10/2014

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

NRC Device Key 773884 (from Section 2 or 6)

Transfer Date

0 5 1 9 2 0 1 4 MM DD YYYY

Location of the Device:

- Whereabouts Unknown, Transferred to another general licensee, Never Possessed the Device, Transferred to a Specific Licensee, Returned to Manufacturer

Part 2

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

GL - 7 0 9 0 1 7 - 1 8

Company Name:

H I G H L A N D M I N I N G C O M P A N Y

Department:

H O L D E N C O A L H A N D L I N G F A C I L I T Y

Address Line 1:

U S R T E 1 1 9 S O U T H

Address Line 2:

P O B O X 1 1 0 0

City:

H O L D E N

State: WV

Zip Code: 2 5 6 2 5

Part 3 Enter the name of the individual responsible for this device.

Last Name:

J U D E

First Name:

J A S O N

Middle Initial:

E

Telephone Number:

3 0 4 - 2 3 9 - 2 3 0 0

Extension

Title

S I T E S A F E T Y M A N A G E R



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04/10/2014

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>)

Christopher Adam Hatcher
Christopher Adam Hatcher
 SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

5-19-2014
 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.





GL-725526-18
04/10/2014

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: