



GL-650224-18
 04/09/2014
 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 <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>	EXPIRES: 03/31/2010
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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-650224-18

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: KEPLER PROCESSING CO LLC

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Department:

K	E	P	L	E	R		P	R	E	P		P	L	A	N	T			
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Address Line 1: STATE ROUTE 97 WEST

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Address Line 2: PO BOX 1530

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City: PINEVILLE

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State: WV

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Zip Code: 24874 -

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For NRC Use Only <i>(Do not write here)</i>	Category: <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				
Packet Receipt Date (MMDDYYYY): <table border="1" style="width: 100%; border-collapse: collapse; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>											Accession Number: <table border="1" style="width: 100%; border-collapse: collapse; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>										





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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: ~~THOMAS~~

HATCHER

First Name: ~~THOMAS~~

CHRISTOPHER

Middle Initial: ~~TH~~

A

Telephone: ~~(304) 732-0200~~

304 732 0200

Extension:

Title: ~~PLANT ENVIRONMENTAL SUP~~

PPEP PLANT MANAGER

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:

KEPLER PREP PLANT

Address Line 1: STATE ROUTE 97 WEST

Address Line 2: PO BOX 1530

City: PINEVILLE

State: WV

Zip Code: 24874 -





GL-650224-18

04/09/2014

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 6

NRC Device Key 546681 (Internal Control Number)

Distributor/Distributed By: KAY-RAY/SENSALL, INC.

Empty grid for distributor information

Distributor License Number: IL-01010-02

Empty grid for license number

Manufacturer Name: KAY-RAY/SENSALL, INC.

Empty grid for manufacturer name

Device Model (Not Source Model): 7062BP

Empty grid for device model

Device Serial Number: S97A2207

Empty grid for device serial number

Transfer Date (Receipt Date): 02/15/1997

Empty grid for transfer date

MM

DD

YYYY

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

Table with 3 columns: Isotope (e.g. AM241), Activity (e.g. 100), Unit (e.g. mCi). Row 1 contains CS137, 100.000000000, mCi. Rows 2-6 are empty.





GL-650224-18
04/09/2014

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2
PAGE 2 of 6

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

NRC Device Key **546682** (Internal Control Number)

Distributor/Distributed By: KAY-RAY/SENSALL, INC.

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Distributor License Number: IL-01010-02

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Manufacturer Name: KAY-RAY/SENSALL, INC.

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Device Model (Not Source Model): 7062BP

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Device Serial Number: S97A2208

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Transfer Date (Receipt Date): 02/15/1997

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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>						100.000000000 <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></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.

PAGE 3 of 6

NRC Device Key **546645** **(Internal Control Number)**

Distributor/Distributed By: KAY-RAY/SENSALL, INC.

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Distributor License Number: IL-01010-02

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Manufacturer Name: KAY-RAY/SENSALL, INC.

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Device Model (Not Source Model): 7062BP

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Device Serial Number: S94F3002

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Transfer Date (Receipt Date): 11/03/2010

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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><td></td></tr></table>							100.00000000 <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></tr></table>																	mCi <table border="1"><tr><td></td><td></td><td></td></tr></table>			
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04/09/2014

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 **446962** **(Internal Control Number)**

Distributor/Distributed By: **KAY-RAY/SENSALL, INC.**

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Distributor License Number: **IL-01010-02**

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Manufacturer Name: **KAY-RAY/SENSALL, INC.**

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Device Model (Not Source Model): **7063P**

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Device Serial Number: **S93M0701**

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Transfer Date (Receipt Date): **11/03/2010**

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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>						200.00000000 <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></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

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

NRC Device Key **815589** (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: **37624-12367**

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Transfer Date (Receipt Date): **07/30/2013**

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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	100.00000000	mCi
2			
3			
4			
5			
6			



GL - 6 5 0 2 2 4 - 1 8

Date 04/09/2014

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

B E R T H O L D T E C H N O L O G I E S I N C L L C

Initial Transferor Name

B E R T H O L D T E C H N O L O G I E S I N C L L C

Initial Transferor License Number (if known)

R - 0 1 0 8 2 - E 1 2

Device Model Number (Not Source Model)

L B 7 4 4 0 - D - C R

Device Serial Number

3 7 6 2 4 - 1 2 3 6 6

How acquired and date (e.g., from a distributor/ manufacturer, other licensee, other source)?

- Manufacturer/Initial Transferor listed above
Other General License
Other Source

Date Transferred:

1 2 0 9 2 0 1 3 MM DD YYYY

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

Table with 3 columns: Isotope, Activity, Unit. Row 1: CS137, 100.00, MCI. Rows 2-10 are empty.



GL - 6 5 0 2 2 4 - 1 8

Date 04/09/2014

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

B E R T H O L D T E C H N O L O G I E S I N C L L C

Initial Transferor Name

B E R T H O L D T E C H N O L O G I E S I N C L L C

Initial Transferor License Number (if known)

R - 0 1 0 8 2 - E 1 2

Device Model Number (Not Source Model)

L B 7 4 4 0 - D - C R

Device Serial Number

3 7 6 2 4 - 1 2 3 6 8

How acquired and date (e.g., from a distributor/ manufacturer, other licensee, other source)?

- Manufacturer/Initial Transferor listed above
Other General License
Other Source

Date Transferred:

1 2 0 9 2 0 1 3 MM DD YYYY

Isotope (e.g., AM241)

Activity (e.g., 100)

Unit (e.g., mCi)

Table with 10 rows and 3 columns: Isotope, Activity, Unit. Row 1 contains 'C S 1 3 7', '5 0 . 0 0 0', and 'M C I'.



GL - 6 5 0 2 2 4 - 1 8

Date 04/09/2014

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 546681 (from Section 2 or 6)

Transfer Date

0 1 0 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)

L 0 3 5 2 4 - 8 3

Company Name:

T H E R M O F I S H E R S C I E N T I F I C I N C

Department:

T H E R M O P R O C E S S I N S T R U M E N T S L P

Address Line 1:

1 4 1 0 G I L L I N G H A M L A N E

Address Line 2:

[Empty address line 2 boxes]

City:

S U G A R L A N D

State: TX

Zip Code: 7 7 4 7 8

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

Last Name:

[Empty last name boxes]

First Name:

Middle Initial:

[Empty first name and middle initial boxes]

Telephone Number:

Extension

[Empty telephone number and extension boxes]

Title

[Empty title boxes]



GL - 6 5 0 2 2 4 - 1 8

Date 04/09/2014

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 546682
(from Section 2 or 6)

Transfer Date

0 1 0 9 2 0 1 4
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)

L 0 3 5 2 4 - 8 3

Company Name:

T H E R M O F I S H E R S C I E N T I F I C I N C

Department:

T H E R M O P R O C E S S I N S T R U M E N T S L P

Address Line 1:

1 4 1 0 G I L L I N G H A M L A N E

Address Line 2:

City:

S U G A R L A N D

State: T X

Zip Code: 7 7 4 7 8 -

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

Last Name:

First Name:

Middle Initial:

Telephone Number:

- -

Extension

Title



GL - 6 5 0 2 2 4 - 1 8

Date 04/09/2014

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 546645 (from Section 2 or 6)

Transfer Date

0 1 0 9 2 0 1 4 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)

L 0 3 5 2 4 - 8 3

Company Name:

T H E R M O F I S H E R S C I E N T I F I C I N C

Department:

T H E R M O P R O C E S S I N S T R U M E N T S L P

Address Line 1:

I 4 I 0 G I L L I N G H A M L A N E

Address Line 2:

[Empty address line 2 boxes]

City:

S U G A R L A N D

State: TX

Zip Code: 7 7 4 7 8

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

Last Name:

[Empty last name boxes]

First Name:

[Empty first name boxes]

Middle Initial:

[Empty middle initial box]

Telephone Number:

[Empty telephone number boxes]

Extension

[Empty extension boxes]

Title

[Empty title boxes]



GL - 6 5 0 2 2 4 - 1 8

Date 04/09/2014

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 446962 (from Section 2 or 6)

Transfer Date

0 1 0 9 2 0 1 4 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) (checked)

Part 2

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

L 0 3 5 2 4 - 8 3

Company Name:

T H E R M O F I S H E R S C I E N T I F I C I N C

Department:

T H E R M O P R O C E S S I N S T R U M E N T S L P

Address Line 1:

1 4 1 0 G I L L I N G H A M L A N E

Address Line 2:

[Empty address line 2 box]

City:

S U G A R L A N D

State:

T X

Zip Code:

7 7 4 7 8 -

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

Last Name:

[Empty last name box]

First Name:

[Empty first name box]

Middle Initial:

[Empty middle initial box]

Telephone Number:

[Empty telephone number box]

Extension

[Empty extension box]

Title

[Empty title box]





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SECTION 5 - CERTIFICATION

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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>)

Christopher Adam Hatcher 5-19-2014
Christopher Adam Hatcher
 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: