



Robert T. Shober, P.E.
Vice President –
Infrastructure Engineering and Environmental Programs

Campbell Soup Company
1 Campbell Place
Camden, NJ 08103
856-968-4430 Phone
856-968-2809 Fax

January 23, 2015

Director, Office of Nuclear Material Safety
and Safeguards
U.S. Nuclear Regulatory Commission
Attn: GLTS
Washington, DC 20555-0001

Attention: GLTS

Dear Sir/Madam:

Enclosed please find the General Licensee Registration Package for the three (3) Industrial Dynamics units located at our Marshall, MI facility. The devices are licensed under General License Registration Number GL-708214-19.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert T. Shober", written in a cursive style.

Robert T. Shober, P.E.
Vice President –
Infrastructure Engineering and Environmental Programs



GL-708214-19
 12/29/2014
 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 **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-708214-19

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: CAMPBELL SOUP COMPANY

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Department:

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Address Line 1: 210 WEST OLIVER DRIVE

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Address Line 2:

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City: MARSHALL

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State: MI

Zip Code: 49068 -

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For NRC Use Only (Do not write here)	Category <table border="1" style="width: 30px; height: 20px;"></table>
Packet Receipt Date (MMDDYYYY): <table border="1" style="width: 100%; height: 20px;"></table>	
Accession Number: <table border="1" style="width: 100%; height: 20px;"></table>	





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12/29/2014

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: SHOBER

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First Name: ROBERT

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Middle Initial: T

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Telephone: (856) 968-4430

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Extension:

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Title: VP ENVIRONMENTAL PROG

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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:

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Address Line 1: ONE CAMPBELL PLACE

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Address Line 2: MS222

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City: CAMDEN

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State: NJ

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Zip Code: 08103 -

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GL-708214-19

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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 3

NRC Device Key **806648** **(Internal Control Number)**

Distributor/Distributed By: **INDUSTRIAL DYNAMICS CO., LTD.**

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Distributor License Number: **1586-19GL**

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Manufacturer Name: **INDUSTRIAL DYNAMICS CO., LTD.**

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Device Model (Not Source Model): **FT-50**

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Device Serial Number: **117436**

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Transfer Date (Receipt Date): **10/09/2009**

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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)																													
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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 **815369** **(Internal Control Number)**

Distributor/Distributed By: INDUSTRIAL DYNAMICS CO., LTD.

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Distributor License Number: 1586-19GL

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Manufacturer Name: INDUSTRIAL DYNAMICS CO., LTD.

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Device Model (Not Source Model): FT-50

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Device Serial Number: 117490

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Transfer Date (Receipt Date): 07/08/2010

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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	AM241 <table border="1"><tr><td></td><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><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 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>)

Robert T. Hulbert

1/23/15

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: