



A DIVISION OF PACIFICORP

DAVE JOHNSTON STEAM ELECTRIC PLANT

1591 TANK FARM ROAD • GLENROCK, WYOMING 82637 • PHONE (307) 995-5000 • FAX (307) 995-5020

April 27, 2015

Director, Office of Federal and State Materials
and Environmental Management Programs
ATTN: GLTS
U.S. Nuclear Regulatory Commission
Washington DC 20555-0001

Re: GENERAL LICENSEE REGISTRATION

Dear Sir or Madam:

Enclosed with this letter please find the 2015 General Licensee Registration information for PacifiCorp's Dave Johnston Plant. There are no corrections required.

Should you have questions or need clarification, please feel free to contact me at (307) 995-5046.

Sincerely,

A handwritten signature in black ink, appearing to read "Alan L. Dugan", with a long horizontal flourish extending to the right.

Alan L. Dugan
Dave Johnston Plant Radiation Safety Officer

Enclosure

cc: Dana Ralston – NTO (via e-mail)
Derald Anderson – NTO (via e-mail)
Tim Swain – Dave Johnston Plant (via e-mail)



GL-38414-19
 04/06/2015
 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-38414-19

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: PACIFICORP

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Department: DAVE JOHNSTON PLANT

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Address Line 1: 1591 TANK FARM ROAD

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Address Line 2:

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City: GLENROCK

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State: WY

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Zip Code: 82637 -

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

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First Name: ALAN

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Middle Initial: L

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Telephone: (307) 995-5046

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Extension:

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Title: CURRENT SAFETY OFFICER

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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: DAVE JOHNSTON PLANT

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Address Line 1: 1591 TANK FARM ROAD

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Address Line 2:

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City: GLENROCK

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State: WY

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Zip Code: 82637 -

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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

NRC Device Key:

Transfer Date:
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>)

Alan DeJura

04-27-2015

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: 793634

Manufacturer License No: 34-00639-04

Manufacturer Name: OHMART/VEGA CORPORATION

Model Number: SHLD-1

Serial #: OV0082

Transfer Date: 02/13/2009

Isotope: CS137

Activity: 5.000000000

Unit: mCi

NRC Device Key: 793635

Manufacturer License No: 34-00639-04

Manufacturer Name: OHMART/VEGA CORPORATION

Model Number: SHLD-1

Serial #: OV0074

Transfer Date: 02/13/2009

Isotope: CS137

Activity: 5.000000000

Unit: mCi
