



Bomarko, Inc.  
1955 North Oak Road  
P.O. Box 1510  
Plymouth, IN 46563

Phone: 574/936-9901  
Fax: 574/936-5314

April 29, 2015

Director, Office of Nuclear Material Safety  
And Safeguards  
U.S. Nuclear Regulatory Commission  
Washington, DC 20555-0001

Dear Director:

Subject: Notification of Transfer

This is to notify you that Bomarko has decommissioned the use of all three back scatter sensor devices and has enlisted the services of NDC Technologies (Infrared Engineering) to package and remove all three devices from our facility to theirs for disposal purposes.

With this notification you will find a letter of acknowledgment confirming both the transfer and receiving of all three devices from NDC Technologies. This letter identifies each individual sensor device by model, NDC serial number, Source S/N, Isotope, Activity (mCi), and the date received. It also notes the RMA number utilized for the transfer and the CA License number 1451-19 used to take possession of the devices.

We (Bomarko Inc.) no longer have any nuclear devices at this facility that would require the need of licensing or registration.

Accompanying this notification is a modified General Licensee Registration NRC form 664 that reflects the transfer of each device in Section 4 to their manufacture. A copy of this letter of notification, NDC acknowledgment, and NRC form 664 will also be sent to the Office of the Chief Financial Officer of the Nuclear Regulatory Commission St. Louis, MO.

We trust that this would meet the needs of your requirements for decommissioning and disposal. Should you have any questions, please feel free to contact me at... (574) 936-9901.

Sincerely,

Michael K. Beam

Director of Health, Safety, & Environmental Management  
Bomarko Inc.

April 3, 2015

Mr. Michael Beam  
BOMARKO INC  
1955 N. Oak Drive  
Plymouth, IN 46563  
Ph: (574) 936-9901

Dear Mr. Beam:

Please be advised that the radioactive device(s) as detailed below have been received by NDC Technologies under RMA# 814854. As of March 17, 2015, NDC Technologies has taken possession and title of these devices under CA License No 1451-19.

<u>Date Received</u>	<u>Model</u>	<u>NDC S/N</u>	<u>Source S/N</u>	<u>Isotope</u>	<u>Activity (mCi)</u>
17-Mar-2015	103	1946	1928AR	Am-241	150
17-Mar-2015	103	3698	0635LQ	Am-241	150
17-Mar-2015	103	13359	1511AR	Am-241	150

Notification of this transfer must be sent to your government agency that controls radiation in your area. This notification must be sent on company letterhead. If you have any questions please feel free to give me a call.

Sincerely,



Frank Aguirre  
Radiation Safety Officer  
NDC Technologies

5314 North Irwindale Avenue, Irwindale, CA 91706  
Tel: +1 626 960 3300 Fax: +1 626 939 3870  
info@ndcinfrared.com [www.ndc.com](http://www.ndc.com)  
A spectris company





GL-726588-19  
04/07/2015  
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> <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>	<b>EXPIRES: 03/31/2010</b>
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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-726588-19**

**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: BOMARKO INC

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Department:

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Address Line 1: 1955 NORTH OAK DRIVE

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Address Line 2:

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City: PLYMOUTH

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State: IN

Zip Code: 46563 - 







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<b>For NRC Use Only</b> <i>(Do not write here)</i>	<b>Category:</b> <table border="1" style="display:inline-table; width:15px; height:15px;"></table> <table border="1" style="display:inline-table; width:15px; height:15px;"></table>
<b>Packet Receipt Date (MMDDYYYY)</b> <table border="1" style="margin: auto; width: 80%; height: 20px;"></table>	
<b>Accession Number:</b> <table border="1" style="margin: auto; width: 80%; height: 20px;"></table>	





**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: BEAM

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First Name: MICHAEL

Middle Initial: K

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Telephone: (574) 936-9901

Extension:

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Title: DIRECTOR OF HEALTH AND SAFETY

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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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City: PLYMOUTH

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State: IN

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Zip Code: 46563 -

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04/07/2015

### SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

PAGE 2 of 3

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

**NRC Device Key** **524619** (Internal Control Number)

Distributor/Distributed By: NDC INFRARED ENGINEERING, INC.

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Distributor License Number: 1933-70 GL

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Manufacturer Name: NDC INFRARED ENGINEERING, INC.

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Device Model (Not Source Model): 103

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Device Serial Number: 3698

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Transfer Date (Receipt Date): 06/17/2013

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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)																																																																								
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04/07/2015

**SECTION 4 - NOT IN POSSESSION OF DEVICE**

**SECTION 4**  
**PAGE 1 of 1**

**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)

0 3 1 7 2 0 1 5  
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):**

[15 digit grid for license number]

Company Name:

[25 digit grid for company name]

Department:

[25 digit grid for department]

Address Line 1:

[25 digit grid for address line 1]

Address Line 2:

[25 digit grid for address line 2]

City:

[25 digit grid for city]

State: [2 digit grid] Zip Code: [5 digit grid] - [4 digit grid]

**Part 3 Enter the name of the individual responsible for this device:**

Last Name:

[25 digit grid for last name]

First Name:

Middle Initial:

[12 digit grid for first name]

[1 digit grid for middle initial]

Telephone Number: [3 digit grid] [3 digit grid] [3 digit grid] Extension: [4 digit grid]

Title:

[25 digit grid for title]







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)

0 3 1 7 2 0 1 5  
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):

[Empty 12-digit grid for license number]

Company Name:

[Empty 24-character grid for company name]

Department:

[Empty 24-character grid for department]

Address Line 1:

[Empty 24-character grid for address line 1]

Address Line 2:

[Empty 24-character grid for address line 2]

City:

[Empty 24-character grid for city]

State: [2-digit grid] Zip Code: [5-digit grid] - [4-digit grid]

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

Last Name:

[Empty 24-character grid for last name]

First Name:

Middle Initial:

[Empty 10-character grid for first name]

[Empty 1-character grid for middle initial]

Telephone Number: [3-digit grid] [3-digit grid] [4-digit grid] Extension: [4-digit grid]

Title:

[Empty 24-character grid for title]





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04/07/2015

**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>)

*Michael K. Soren*

04-29-2015

**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**

PAGE 1 of 1

<b>NRC Device Key:</b>	<b>Manufacturer License No:</b>
<b>Manufacturer Name:</b>	
<b>Model Number:</b>	<b>Serial #:</b>
	<b>Transfer Date:</b>