



GL-37411-19 04/06/2015 NRC FORM 664 SECTION 1
PAGE 1 of 2

EXPIRES: 03/31/2010

02 - 2004 10 CFR 31.5 U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

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-37411-19

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: CITY OF TECUMSEH WWTP																					
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Dep	Department: PUBLIC UTILITIES																				
Add	Address Line 1: 710 EAST CHICAGO BLVD.																				
Add	ddress Line 2:																				
City	City: TECUMSEH																				•
Stat	e: N	11					Zip C	Code	: 49	286	-							_			
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SECTION 1 PAGE 2 of 2

SECTION 1 - GENERAL LICENSEE INFORMATION (Continued)

Enter the name, telelphone number and title of the person who is the responsible individual for the device(s).

Last Name: AMSTUTZ																										
First Na	st Name: TODD N															Middle Initial: M										
Telephor	lephone: (517) 423-0402 Ex															Extension:										
Title:	e: SUPERINTENDENT																									
Departm	This address should be specific to the use or storage location of your device(s). Department: PUBLIC UTILITIES																									
Address	Line	1:	РО	вох	396																					
Address	Line	2:																								
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City:	City: TECUMSEH																									
State: I	te: MI Zip Code: 49286 -																-									





04/06/2015

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 4 **NRC Device Key** 299129 (Internal Control Number) Distributor/Distributed By: **RONAN ENGINEERING COMPANY** Distributor License Number: IND-267-95G Manufacturer Name: RONAN ENGINEERING COMPANY Device Model (Not Source Model): X91 Device Serial Number: M2379 Transfer Date (Receipt Date): 11/15/1988 Not in possession of device (Also complete Section 4.) YYYY MM DD Isotope (e.g. AM241) Activity (e.g. 100) Unit (e.g. mCi) 1 **CS137** 300.000000000 mCi 2 3 4 5 6







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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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

SECTION 2 PAGE 2 of 4

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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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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 4 of 4 **NRC Device Key** 667203 (Internal Control Number) Distributor/Distributed By: **RONAN ENGINEERING COMPANY** Distributor License Number: IND-267-95G Manufacturer Name: RONAN ENGINEERING COMPANY Device Model (Not Source Model): X91 Device Serial Number: 76319 Transfer Date (Receipt Date): 04/15/1985 Not in possession of device (Also complete Section 4.) MM DD **YYYY** Isotope (e.g. AM241) Activity (e.g. 100) Unit (e.g. mCi) **CS137** 300.000000000 1 mCi 2 3 4 5 6





SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

SECTION 3 PAGE 1 of 1

Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices. Manufacturer Name **Initial Transferor Name** Initial Transferor License Number (if known) **Device Model Number (Not Source Model) Device Serial Number** O Manufacturer/Initial Transferor listed above How acquired and date (e.g., from a distributor/manufacturer, O Other General Licensee Date Transferred: other licensee, other source)? O Other Source YYYY MM DD (Received) Isotope (e.g. AM241) Activity (e.g. 100) Unit (e.g. mCi) 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.





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.

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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.
- 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)

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.





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: