

# *E.S.C. Resources, Inc.*

## Thickness Gauges and Coating Weight Gauges

28 River Bend Rd. - Montgomery, IL 60538 - 630-800-3519 - FAX 630-264-2846

s-xfer2015-02

April 17, 2015

Illinois Emergency Management Agency  
Division of Radioactive Materials  
1035 Outer Park Drive  
Mr. James M. Ewan  
Springfield, IL. 62704-4462

Subject: Transfer of Devices Containing Radioactive Material.  
Licensee: ESC Resources, Inc., 28 River Bend Rd., Montgomery, and IL 60538  
License: Illinois Radioactive Material License IL-01283-01  
Report Period: Second Quarter, 2015

Dear Sirs:

Devices transferred under the license authorization referred to above: TWO

Service on source devices: NONE

**Note to all:**

If you would like to get this report by e-mail, let me know at [escbartm@comcast.net](mailto:escbartm@comcast.net)  
and I will send the next report to your e-mail.

Sincerely Yours,

**Bart Moscarello**



Bart Moscarello  
RSO

# TRANSFERS OF INDUSTRIAL DEVICES REPORT

(Continue on NRC Form 653A or NRC Form 653B, as appropriate)

Estimated burden per response to comply with this mandatory collection request: 24 minutes. NRC requests quarterly reports to keep apprised of device movements. Send comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0001), 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.

NAME OF VENDOR <b>ESC Resources</b>	REPORTING PERIOD	
	FROM <b>4/1/15</b>	TO <b>6/30/15</b>
LICENSE NUMBER <b>FL-01283-01</b>		

For each "person" to whom a device(s) has been transferred during the reporting period, supply the following:

INTERMEDIATE PERSON (if any)

NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
-----------------------------	--------------------------------	---------------------------------	-----------

GENERAL LICENSEE USER INFORMATION

NAME OF GENERAL LICENSEE USER <b>Bionomics Inc</b>	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) <b>1550 Bear Creek Rd Oak Ridge, TN 37830</b>
DEPARTMENT	
NAME OF RESPONSIBLE INDIVIDUAL <b>John McCormick</b>	
TITLE OF RESPONSIBLE INDIVIDUAL <b>President</b>	

INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
6/11/15	D <sup>gamma</sup> <sub>cap</sub> <sup>mp</sup> <sub>cp</sub>	SH-6090	4195BB	SR-90	100 mCi
6/11/15	11	11	4185BB / 70618	SR-90	100 mCi

INTERMEDIATE PERSON (if any)

NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
-----------------------------	--------------------------------	---------------------------------	-----------

GENERAL LICENSEE USER INFORMATION

NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No., P.O. Boxes, include Zip Code)
DEPARTMENT	
NAME OF RESPONSIBLE INDIVIDUAL	
TITLE OF RESPONSIBLE INDIVIDUAL	

INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS