



GL-38920-19  
 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 20556-0001, or by internet e-mail to [infocollects@nrc.gov](mailto: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-38920-19

**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: YELLOWSTONE PIPELINE

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Department:

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Address Line 1: 1401 52ND ST. NORTH

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Address Line 2:

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City: GREAT FALLS

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State: MT 

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Zip Code: 59405 - 1073 

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<b>For NRC Use Only</b> <i>(Do not write here)</i>	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><td></td><td></td></tr></table>									
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**SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

**SECTION 2**  
**PAGE 1 of 2**

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

**NRC Device Key**                **360461**      (**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): **102**

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Device Serial Number: **2451**

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Transfer Date (Receipt Date): **06/03/2005**

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**Not in possession of device (Also complete Section 4.)**

**MM            DD            YYYY**

	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>							149.850000000 <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><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 2 - DEVICES SUBJECT TO REGISTRATION**

**SECTION 2**

**PAGE 2 of 2**

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

**NRC Device Key**                    **349176**            (**Internal Control Number**)

Distributor/Distributed By:     **KAY-RAY/SENSALL, INC.**

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Distributor License Number:   **IL-01010-02**

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Manufacturer Name: **KAY-RAY/SENSALL, INC.**

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Device Model (Not Source Model): **7062BP**

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Device Serial Number: **20942**

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Transfer Date (Receipt Date): **12/01/2004**

--	--	--	--	--	--	--	--

**MM**

**DD**

**YYYY**

**Not in possession of device (Also complete Section 4.)**

	<b>Isotope (e.g. AM241)</b>	<b>Activity (e.g. 100)</b>	<b>Unit (e.g. mCi)</b>																				
<b>1</b>	<b>CS137</b> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>						<b>100.00000000</b> <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></tr> </table>													<b>mCi</b> <table border="1"> <tr><td></td><td></td><td></td></tr> </table>			
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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

NRC Device Key:  
(from Section 2 or 6)

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 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

NRC Device Key:  
(from Section 2 or 6)

Transfer Date:  N/A

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 3

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

PAGE 1 of 1

Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

[Grid for Manufacturer Name]

Initial Transferor Name

[Grid for Initial Transferor Name]

Initial Transferor License Number (if known)

[Grid for Initial Transferor License Number]

Device Model Number (Not Source Model)

[Grid for Device Model Number]

Device Serial Number

[Grid for Device Serial Number]

How acquired and date (e.g., from a distributor/manufacture, other licensee, other source)?

Manufacturer/Initial Transferor listed above  
 Other General Licensee  
 Other Source

Date Transferred: [MM][DD][YYYY]  
 (Received) MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1.	[Grid]	[Grid]	[Grid]
2.	[Grid]	[Grid]	[Grid]
3.	[Grid]	[Grid]	[Grid]
4.	[Grid]	[Grid]	[Grid]
5.	[Grid]	[Grid]	[Grid]
6.	[Grid]	[Grid]	[Grid]
7.	[Grid]	[Grid]	[Grid]
8.	[Grid]	[Grid]	[Grid]
9.	[Grid]	[Grid]	[Grid]
10.	[Grid]	[Grid]	[Grid]





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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>)

*Dave K. Hinkle*

10/5/2015

**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:**

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:



3998 Commerce Circle  
 (208) 523-5557  
 www.qaltek.com

Idaho Falls, Idaho 83401  
 Fax (208) 524-8470

Radioactive Source Disposal Transfer of Custody

1: CUSTOMER & LICENSE INFORMATION

Contact: <u>Brian Ellerbeck</u>	ATS# <u>2010:2155</u>
Phone: <u>307-389-3156</u>	Fax: <u>406-255-5734</u>
License #: _____	Expiration Date: _____
Company: <u>Conoco Phillips</u>	
<u>2626 Lillian Ave.</u>	
<u>Billings, MT 59101</u>	

2: GAUGE/DEVICE/LICENSED MATERIAL INFORMATION

If Checked see attached spreadsheet

ISOTOPE	Original ACTIVITY	Date	MODEL #	SERIAL #	SS. SERIAL #	Manufacturer
Cs-137	100 mCi	4/30/1986	7062BP	20941	5302GF	KayRay
Cs-137	200 mCi	12/16/1985	7063P	23787	3573GF	KayRay
Cs-137	100 mCi	4/30/1986	7062BP	20943	5297GF	KayRay
Cs-137	100 mCi	4/30/1986	7062BP	20942	5219GF	KayRay
Cs-137	200 mCi	8/10/1987	7063P	23786	7454GF	KayRay
Cs-137	100 mCi	10/31/1984	7062BP	19224	1909GF	KayRay
Cs-137	100 mCi	12/6/1988	7062BP	27041	9570GF	KayRay
Cs-137	100 mCi	11/30/1982	7062BP	15536	7483GM	KayRay

Services Needed:  Disposal  Leak Test  Other Yellowstone Systems

3: AUTHORIZATION

Permanent custody of above listed Licensed Material is hereby granted to - Qal-Tek Associates, NRC License # 11-27610-01

	<u>1/2/11</u>		<u>6 JAN 2011</u>
Source Owner <u>Brian E Ellerbeck I &amp; E Consultant</u>	Date	Qal-Tek Representative Received by <u>ANTHONY BORLAND RSO</u>	Date

Check all that apply for shipping method

Prepaid  Bill to customer invoice  Customer's FedEx Account#  
 Motor Freight Carrier \_\_\_\_\_ FedEx  1Day  2Day  3Day  
 Motor Freight Account \_\_\_\_\_  Customer drop off  Qal-Tek Transportation  
 Other (describe) \_\_\_\_\_