



GL-705530-20  
 11/03/2015  
 NRC FORM 664  
 07 - 2015  
 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: 04/30/2016

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 FOIA, Privacy, and Information Collections Branch (T-5 F53), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0198), 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-705530-20

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: MARYSVILLE HYDROCARBONS

D C P M I D S T R E A M

Department: HEALTH AND SAFETY

O P E R A T I O N S

Address Line 1: 2510 BUSHA HIGHWAY

Address Line 2:

City: MARYSVILLE

State: MI

Zip Code: 48040 - 1904

**For NRC Use Only**  
*(Do not write here)*

Category:

Packet Receipt Date (MMDDYYYY):

Accession Number:





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PAGE 2 of 2

**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: HALLIGAN

R A T K U S

First Name: DENNIS

Middle Initial: P

R O B E R T

J

Telephone: (810) 388-2084

Extension:

8 1 0 3 8 8 2 1 0 2

Title: SENIOR HEALTH & SAFETY CO

S R P L A N T S U P E R V I S O R

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: ADMINISTRATION

Address Line 1: 2510 BUSHA HIGHWAY

Address Line 2:

City: MARYSVILLE

State: MI

Zip Code: 48040 - 1904









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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.**

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**NRC Device Key**                 **591337**         **(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): **7063P**

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Device Serial Number: **S98M2905**

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Transfer Date (Receipt Date): **11/15/1998**

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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)																												
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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.

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NRC Device Key 591338 (Internal Control Number)

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

[Empty grid box]

Distributor License Number: IL-01010-02

[Empty grid box]

Manufacturer Name: KAY-RAY/SENSALL, INC.

[Empty grid box]

Device Model (Not Source Model): 7063P

[Empty grid box]

Device Serial Number: S98M2906

[Empty grid box]

Transfer Date (Receipt Date): 11/15/1998

[Empty date input boxes]

MM DD YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137 [Empty grid]	200.00000000 [Empty grid]	mCi [Empty grid]
2	[Empty grid]	[Empty grid]	[Empty grid]
3	[Empty grid]	[Empty grid]	[Empty grid]
4	[Empty grid]	[Empty grid]	[Empty grid]
5	[Empty grid]	[Empty grid]	[Empty grid]
6	[Empty grid]	[Empty grid]	[Empty grid]







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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.**

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**NRC Device Key**                **591316**                **(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:** **S99G0102**

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**Transfer Date (Receipt Date):** **08/15/1999**

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**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>																													
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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

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NRC Device Key 722825 (Internal Control Number)

Distributor/Distributed By: THERMO FISCHER SCIENTIFIC

[Empty grid for distributor information]

Distributor License Number: L03524

[Empty grid for distributor license number]

Manufacturer Name: THERMO MEASURETECH

[Empty grid for manufacturer name]

Device Model (Not Source Model): 5202

[Empty grid for device model]

Device Serial Number: B2798

[Empty grid for device serial number]

Transfer Date (Receipt Date): 12/15/2004

[Empty grid for transfer date]

MM DD YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137 [Empty grid]	200.00000000 [Empty grid]	mCi [Empty grid]
2	[Empty grid]	[Empty grid]	[Empty grid]
3	[Empty grid]	[Empty grid]	[Empty grid]
4	[Empty grid]	[Empty grid]	[Empty grid]
5	[Empty grid]	[Empty grid]	[Empty grid]
6	[Empty grid]	[Empty grid]	[Empty grid]











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**SECTION 5 - CERTIFICATION**

**SECTION 5**  
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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>)

12-10-2015

**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: