



**PEABODY MIDWEST MINING, LLC**

566 Dickeyville Road  
Lynnville, IN 47619  
812.922.1015

Certified Mail 7008 0500 0000 3495 5891

December 14, 2015

Director, Office of Federal and State Materials  
and Environmental Management Programs  
ATTN: GLTS  
U.S. Nuclear Regulatory Commission  
Washington DC 20555-001

**RE: General Licensee Registration  
Peabody Midwest Mining LLC – Somerville Central Mine  
License # GL-700080-20**

To whom it may concern:

Enclosed is a corrected General Licensee Registration for the above facility. If you have any questions, please contact Andy Nelson at 812-922-1045.

Sincerely,

A handwritten signature in black ink, appearing to read "Melissa Nichols", written in a cursive style.

Melissa Nichols  
Authorized Representative

Enclosure

c: Somerville NRC file





**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: PILCHER

P A N C A K E

First Name: DAN

Middle Initial: L

A L A N

Telephone: (812) 434-8500

Extension:

8 1 2 7 8 2 9 6 5 8

Title: CURRENT SAFETY OFFICER

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:

5 6 6 D I C K E Y V I L L E R O A D

Address Line 1: 7100 EAGLE CREST BLVD

Address Line 2:

City: EVANSVILLE

L Y N N V I L L E

State: IN

I N

Zip Code: 47715 -

4 7 6 1 9

-





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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 595447 (Internal Control Number)

Distributor/Distributed By: TN TECHNOLOGIES, INC.

Empty grid for distributor information

Distributor License Number: L01105

Empty grid for distributor license number

Manufacturer Name: TN TECHNOLOGIES, INC.

Empty grid for manufacturer name

Device Model (Not Source Model): 5202

Empty grid for device model

Device Serial Number: B2448

Empty grid for device serial number

Transfer Date (Receipt Date): 03/16/2000

Empty grid for transfer date

MM DD YYYY

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

Input box for checkbox

Table with 3 columns: Isotope (e.g. AM241), Activity (e.g. 100), Unit (e.g. mCi). Row 1 contains CS137, 200.00000000, and mCi.





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**SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION**

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

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

- How acquired and date (e.g., from a distributor/manufacturer, other licensee, other source)?
- Manufacturer/Initial Transferor listed above  
 Other General Licensee     Date Transferred: 

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

  
 Other Source     (Received)     MM     DD     YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																
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### SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4  
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Provide information about devices listed in Section 2 or 6, but no longer in your possession.

**Part 1**

NRC Device Key:

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 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:



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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>)

12-11-15

**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.**

