



GL-722778-20  
 01/08/2016  
 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-722778-20

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: CHAFIN BRANCH LLC

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Department: SNAP CREEK LOADOUT

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Address Line 1: ROUTE

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Address Line 2: RICH CREEK ROAD

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City: LYBURN

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State: WV

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Zip Code: 25632 -

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For NRC Use Only (Do not write here)                      Category:

Packet Receipt Date (MMDDYYYY):

Accession Number:





### 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: LESTER

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

First Name: DANIEL

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

Middle Initial:

--

Telephone: (304) 792-6241

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

Extension:

--	--	--	--	--

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: SNAP CREEK LOADOUT

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Address Line 1: P.O. BOX 1389

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Address Line 2:

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City: GILBERT

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State: WV

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Zip Code: 25621 -

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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 1 of 1

**NRC Device Key**            **779188**        (**Internal Control Number**)

Distributor/Distributed By:    **ENERGY TECHNOLOGIES, INC.**

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Distributor License Number:    **R-47148-D13**

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Manufacturer Name: **ENERGY TECHNOLOGIES, INC**

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Device Model (Not Source Model): **DGA-400 SERIES**

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Device Serial Number: **ETI-082**

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Transfer Date (Receipt Date): **05/05/2008**

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MM            DD            YYYY

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

	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**

PAGE 1 of 1

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

**Part 1**

Transfer Date:

NRC Device Key: 

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(from Section 2 or 6)

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MM      DD      YYYY

Location of the Device:

- Whereabouts Unknown (complete Part 1 only)     
  Transferred to another general licensee (complete Parts 2 and 3)  
 Never Possessed the Device (complete Part 1 only)     
  Transferred to a Specific Licensee (Not the manufacturer) (complete Part 2)  
 Returned to Manufacturer (complete Part 1 only)

**Part 2** License Number of Recipient (if transferred to a specific licensee):

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Company Name:

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Department:

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

Address Line 1:

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Address Line 2:

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City:

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State:

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Zip Code:

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**Part 3** Enter the name of the individual responsible for this device:

Last Name:

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First Name:

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

Middle Initial:

--	--

Telephone Number:

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

Extension:

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Title:

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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>)

*Daniel Foster*

*1-25-2016*

**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: