



Delaware City Refining Company LLC  
4550 Wrangle Hill Road  
Delaware City, DE 19706  
302.834.6000  
www.pbfenergy.com

18 February 2016

CMRRR 7011 1570 0002 7288 0955

Director, Office of Nuclear Material Safety and Safeguards  
ATTN: GLTS  
U.S. Nuclear Regulatory Commission  
Washington, DC 20555-0001

RE: Annual General License Registration Package for GL-704526-20

To Whom It May Concern:

Enclosed please find a reviewed and signed copy of NRC FORM 664 for the above-referenced general license.

Sincerely,

A handwritten signature in black ink, appearing to read 'James Lee'.

James Lee  
Industrial Hygienist  
(302) 834-6404

Enclosure(1):

- NRC FORM 664

cc: Richard Pyle  
Todd Bretz

Electronic file location -- V:\SAFRIMS\SH-64-00 Radiation\SH-64-03 Sources-Devices



GL-704526-20  
11/02/2015  
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-704526-20

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: DELAWARE CITY REFINING

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Department: HEALTH SAFETY SECURITY

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Address Line 1: 4550 WRANGLE HILL ROAD

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Address Line 2:

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City: DELAWARE CITY

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State: DE 

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Zip Code: 19706 - 

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For NRC Use Only <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></tr></table>									
Accession Number: <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 1  
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: PYLE

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First Name: RICHARD

Middle Initial: A

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Telephone: (302) 834-6000

Extension: 6444

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Title: CURRENT SAFETY OFFICER

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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: HEALTH SAFETY SECURITY

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Address Line 1: 4550 WRANGLE HILL ROAD

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Address Line 2: P.O. BOX 7000

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City: DELAWARE CITY

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State: DE

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Zip Code: 19706 -

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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 2

NRC Device Key 707478 (Internal Control Number)

Distributor/Distributed By: THERMO SCIENTIFIC PORTABLE ANALYTICAL INSTR

Empty grid box for distributor name

Distributor License Number: 53-0388

Empty grid box for distributor license number

Manufacturer Name: NITON CORPORATION

Empty grid box for manufacturer name

Device Model (Not Source Model): XLI-SERIES

Empty grid box for device model

Device Serial Number: 5339

Empty grid box for device serial number

Transfer Date (Receipt Date): 12/30/2002

Empty grid boxes for transfer date

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	30.00000000	mCi
2			
3			
4			
5			
6			





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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 2 of 2

NRC Device Key 707479 (Internal Control Number)

Distributor/Distributed By: THERMO SCIENTIFIC PORTABLE ANALYTICAL INSTR

Empty grid box for distributor information

Distributor License Number: 53-0388

Empty grid box for distributor license number

Manufacturer Name: NITON CORPORATION

Empty grid box for manufacturer name

Device Model (Not Source Model): XLI-SERIES

Empty grid box for device model

Device Serial Number: 5340

Empty grid box for device serial number

Transfer Date (Receipt Date): 12/30/2002

Empty grid box for transfer date

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 <input type="text"/>	30.00000000 <input type="text"/>	mCi <input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>







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

**Part 1**

NRC Device Key: 

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(from Section 2 or 6)

Transfer Date: 

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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)
- Returned to Manufacturer (complete Part 1 only)          (complete Part 2)

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

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Company Name:

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Department:

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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:

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Middle Initial:

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Telephone Number: 

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    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>)

  
\_\_\_\_\_

  
\_\_\_\_\_

**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:**