



GL-706991-20  
 01/05/2016  
**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](mailto: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-706991-20**

**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: RED RIVER ENERGY

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Department:

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Address Line 1: 47333 104TH STREET

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Address Line 2:

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City: ROSHOLT

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State: SD 

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Zip Code: 57260 - 

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

**Category:**

**Packet Receipt Date (MMDDYYYY):**

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**Accession Number:**

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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: TOSTENSON

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First Name: PAUL

Middle Initial: C

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Telephone: (605) 537-4550

Extension: 210

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Title: EHS MANAGER

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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:

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Address Line 1: 47333 104TH STREET

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Address Line 2: PO BOX 78

P	O	B	O	X	1	7													
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City: ROSHOLT

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State: SD

--	--

Zip Code: 57260 -

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GL-706991-20

01/05/2016

**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 4**

**NRC Device Key**                    **635212**        **(Internal Control Number)**

**Distributor/Distributed By:**    **OHMART/VEGA CORPORATION**

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**Distributor License Number:**    **34-00639-03GD**

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**Manufacturer Name:** **OHMART/VEGA CORPORATION**

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**Device Model (Not Source Model):** **A-2102**

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

**Device Serial Number:** **9917GK**

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**Transfer Date (Receipt Date):** **04/05/2001**

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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>																													
1	CS137 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							20.000000000 <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></tr></table>																					mCi <table border="1"><tr><td></td><td></td><td></td></tr></table>			
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01/05/2016

**SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

**SECTION 2**  
**PAGE 2 of 4**

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

**NRC Device Key**                      **635213**                      **(Internal Control Number)**

**Distributor/Distributed By:**      OHMART/VEGA CORPORATION

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**Distributor License Number:**    34-00639-03GD

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**Manufacturer Name:** OHMART/VEGA CORPORATION

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**Device Model (Not Source Model):** A-2102

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**Device Serial Number:** '

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

**Transfer Date (Receipt Date):** 04/05/2001

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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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GL-706991-20

01/05/2016

### SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

PAGE 3 of 4

NRC Device Key: 649144 (Internal Control Number)

Distributor/Distributed By: OHMART/VEGA CORPORATION

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Distributor License Number: 34-00639-03G

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Manufacturer Name: OHMART/VEGA CORPORATION

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

Device Model (Not Source Model): SHRMBW

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

Device Serial Number: 9963GK

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Transfer Date (Receipt Date): 04/05/2001

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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	CS137 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						20.000000000 <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></tr></table>																mCi <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**

Transfer Date:

NRC Device Key:  
(from Section 2 or 6)

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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):**

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Company Name:

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

Department:

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

Address Line 1:

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Address Line 2:

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City:

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State:

--	--

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:

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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>)

2/16/16

**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**

PAGE 1 of 1

**NRC Device Key:**

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: