



Environmental, Safety and Regulatory Compliance

Marathon Pipe Line LLC

539 South Main Street
Findlay, OH 45840
Telephone: (419) 421-2197

February 16, 2016

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

Re: Annual Registration of Generally Licensed Devices

Attached please find a completed and signed copy of NRC form 664 for GL-723278-20 assigned to Marathon Pipe Line LLC.

If additional information is required, please contact me at the number listed below.

Sincerely,

Melissa Kinn
HES Professional / RSO
Marathon Pipeline LLC
539 South Main Street
Findlay, Ohio 45840
Office: 419-421-2197
Email: makinn@marathonpetroleum.com



GL-723278-20
 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-723278-20

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: MARATHON PIPE LINE LLC

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Department: COUNTRY MARK REFINERY

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Address Line 1: 300 OLD HIGHWAY 69 S

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Address Line 2: MT. VERNON TERMINAL

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City: MOUNT VERNON

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State: IN

Zip Code: 47620 - -

For NRC Use Only (Do not write here)	Category: <input type="checkbox"/> <input type="checkbox"/>
	Packet Receipt Date (MMDDYYYY): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Accession Number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>





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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: KINN

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First Name: MELISSA

Middle Initial: A

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Telephone: (419) 421-2197

Extension:

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Title: RADIATION 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: ES&R

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Address Line 1: 539 SOUTH MAIN STREET

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Address Line 2: ROOM 724M

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City: FINDLAY

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State: OH

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Zip Code: 45840 -

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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 735459 (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: B3819

[Empty grid for device serial number]

Transfer Date (Receipt Date): 01/13/2009

[Empty grid 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	CS137 [Empty grid]	100.000000000 [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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01/08/2016

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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

NRC Device Key **735460** (**Internal Control Number**)

Distributor/Distributed By: THERMO FISCHER SCIENTIFIC

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Distributor License Number: L03524

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Manufacturer Name: THERMO MEASURETECH

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Device Model (Not Source Model): 5202

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Device Serial Number: B3820

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Transfer Date (Receipt Date): 01/13/2009

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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 3

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

PAGE 1 of 1

Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

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Initial Transferor Name

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Initial Transferor License Number (if known)

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Device Model Number (Not Source Model)

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Device Serial Number

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How acquired and date (e.g., from a distributor/manufacture, other licensee, other source)?

Manufacturer/Initial Transferor listed above
 Other General Licensee Date Transferred:

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 Other Source (Received) MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																											
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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>)

William Kim

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: