



GL-724189-20
 04/06/2016
 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-724189-20

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: HILAND DAIRY FOODS

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Department:

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Address Line 1: 1133 EAST KEARNEY STREET

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Address Line 2:

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City: SPRINGFIELD

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State: MO

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Zip Code: 65803 -

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For NRC Use Only <i>(Do not write here)</i>	Category: <table border="1" style="display:inline-table;"><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr></table>												
Packet Receipt Date (MMDDYYYY):													
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SECTION 1
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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: WASHAM

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First Name: DARRELL

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Middle Initial:

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Telephone: (417) 862-9311

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Extension: ~

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Title: PLANT 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: 1133 EAST KEARNEY STREET

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Address Line 2:

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City: SPRINGFIELD

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State: MO

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Zip Code: 65803 -

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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 5

NRC Device Key 800216 (Internal Control Number)

Distributor/Distributed By: PECO CONTROLS CORPORATION

Grid of empty boxes for distributor information.

Distributor License Number: 3823-43 GL

Grid of empty boxes for distributor license number.

Manufacturer Name: PECO CONTROLS CORPORATION

Grid of empty boxes for manufacturer name.

Device Model (Not Source Model): GAMMA 101-P

Grid of empty boxes for device model.

Device Serial Number: G031330938

Grid of empty boxes for device serial number.

Transfer Date (Receipt Date): 09/24/2009

Grid of empty boxes for transfer date.

MM DD YYYY

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

Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1 AM241	100.00000000	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 3 of 5

NRC Device Key 803183 (Internal Control Number)

Distributor/Distributed By: PECO CONTROLS CORPORATION

[Empty grid box]

Distributor License Number: 3823-43 GL

[Empty grid box]

Manufacturer Name: PECO CONTROLS CORPORATION

[Empty grid box]

Device Model (Not Source Model): GAMMA 101-P

[Empty grid box]

Device Serial Number: G031390951

[Empty grid box]

Transfer Date (Receipt Date): 12/21/2009

[Empty date grid box]

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 [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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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 803184 (Internal Control Number)

Distributor/Distributed By: PECO CONTROLS CORPORATION

[Empty grid box]

Distributor License Number: 3823-43 GL

[Empty grid box]

Manufacturer Name: PECO CONTROLS CORPORATION

[Empty grid box]

Device Model (Not Source Model): GAMMA 101-P

[Empty grid box]

Device Serial Number: G031380951

[Empty grid box]

Transfer Date (Receipt Date): 12/21/2009

[Empty date grid boxes]

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 [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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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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

NRC Device Key 803185 (Internal Control Number)

Distributor/Distributed By: PECO CONTROLS CORPORATION

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Distributor License Number: 3823-43 GL

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Manufacturer Name: PECO CONTROLS CORPORATION

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Device Model (Not Source Model): GAMMA 101-P

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Device Serial Number: G031370951

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Transfer Date (Receipt Date): 12/21/2009

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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 5 - CERTIFICATION

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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>)

Danell Washam

5-5-2016

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 Name:
Model Number:

Manufacturer License No:

Serial #:

Transfer Date: