



GL-704780-20
 11/03/2015
 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 Registration Number
 SECTION 1 - GENERAL LICENSEE INFORMATION
 GL-704780-20

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: ROCKSPRING DEVELOPMENT, INC

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Department: PLANT

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Address Line 1: CONTY ROAD ROUTE 28

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Address Line 2:

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City: EAST LYNN

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State: WV

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 Zip Code: 25512 -

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For NRC Use Only (Do not write here)	Category: <table border="1"><tr><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: ~~NEWSOME~~

NEWSOME

First Name: ~~WILLIAM~~

WILLIAM

Middle Initial: ~~G~~

G

Telephone: ~~(804) 849-3730~~

304 369 8841

Extension: 210

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: PLANT

Address Line 1: P.O. BOX 390 EAST

Address Line 2:

City: EAST LYNN

State: WV

Zip Code: 25512 -





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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 9

NRC Device Key 496931 (Internal Control Number)

Distributor/Distributed By: KAY-RAY/SENSALL, INC.

Empty grid for distributor information

Distributor License Number: IL-01010-02

Empty grid for license number

Manufacturer Name: KAY-RAY/SENSALL, INC.

Empty grid for manufacturer name

Device Model (Not Source Model): 7062BP

Empty grid for device model

Device Serial Number: S92C2407

Empty grid for device serial number

Transfer Date (Receipt Date): 11/15/1993

Empty grid for transfer date

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

MM DD YYYY

Table with 3 columns: Isotope (e.g. AM241), Activity (e.g. 100), Unit (e.g. mCi). Row 1 contains CS137, 100.00000000, mCi.





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11/03/2015

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 9

NRC Device Key 546664 (Internal Control Number)

Distributor/Distributed By: KAY-RAY/SENSALL, INC.

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Distributor License Number: IL-01010-02

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Manufacturer Name: KAY-RAY/SENSALL, INC.

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Device Model (Not Source Model): 7062BP

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Device Serial Number: S96A0409

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Transfer Date (Receipt Date): 02/15/1996

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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)																																		
1	CS137 <table border="1" style="width:100%; height:20px;"><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>																100.00000000 <table border="1" style="width:100%; height:20px;"><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" style="width:100%; height:20px;"><tr><td></td><td></td><td></td><td></td></tr></table>				
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

NRC Device Key 546665 (Internal Control Number)

Distributor/Distributed By: KAY-RAY/SENSALL, INC.

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Distributor License Number: IL-01010-02

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Manufacturer Name: KAY-RAY/SENSALL, INC.

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Device Model (Not Source Model): 7062BP

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Device Serial Number: S96A0410

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Transfer Date (Receipt Date): 02/15/1996

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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 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

NRC Device Key 546666 (Internal Control Number)

Distributor/Distributed By: KAY-RAY/SENSALL, INC.

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Distributor License Number: IL-01010-02

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Manufacturer Name: KAY-RAY/SENSALL, INC.

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Device Model (Not Source Model): 7062BP

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Device Serial Number: S96A0411

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Transfer Date (Receipt Date): 02/15/1996

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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><td></td></tr></table>							100.000000000 <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></tr></table>																	mCi <table border="1"><tr><td></td><td></td><td></td></tr></table>			
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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 754043 (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): 5201

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Device Serial Number: B4631

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Transfer Date (Receipt Date): 12/07/2006

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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 <input style="width:100%; height:20px;" type="text"/>	100.000000000 <input style="width:100%; height:20px;" type="text"/>	mCi <input style="width:100%; height:20px;" type="text"/>
2	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>
3	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>
4	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>
5	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>
6	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>





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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2
PAGE 9 of 9

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

NRC Device Key 811538 (Internal Control Number)

Distributor/Distributed By: THERMO FISCHER SCIENTIFIC

[Grid of 20 empty boxes]

Distributor License Number: L03524

[Grid of 11 empty boxes]

Manufacturer Name: THERMO MEASURETECH

[Grid of 25 empty boxes]

Device Model (Not Source Model): 5202

[Grid of 25 empty boxes]

Device Serial Number: B3221

[Grid of 25 empty boxes]

Transfer Date (Receipt Date): 07/30/2010

[Grid of 9 empty boxes]

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	CS137 [Grid of 5 empty boxes]	200.00000000 [Grid of 11 empty boxes]	mCi [Grid of 3 empty boxes]
2	[Grid of 5 empty boxes]	[Grid of 11 empty boxes]	[Grid of 3 empty boxes]
3	[Grid of 5 empty boxes]	[Grid of 11 empty boxes]	[Grid of 3 empty boxes]
4	[Grid of 5 empty boxes]	[Grid of 11 empty boxes]	[Grid of 3 empty boxes]
5	[Grid of 5 empty boxes]	[Grid of 11 empty boxes]	[Grid of 3 empty boxes]
6	[Grid of 5 empty boxes]	[Grid of 11 empty boxes]	[Grid of 3 empty boxes]





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SECTION 3
PAGE 1 of 1

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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/manufacturer, 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)																			
1.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<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>											<table border="1"><tr><td></td><td></td><td></td></tr></table>			
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10.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<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>											<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
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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) 4 9 6 9 2 9

01 07 2016
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):

PA-0678

Company Name:

ALARON NUCLEAR SERVICES

Department:

Address Line 1:

2138 STATE ROUTE 18

Address Line 2:

City:

WAMPUM

State: PA Zip Code: 16157

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

Last Name:

OTLOWSKI

First Name:

MICHAEL

Middle Initial:

Telephone Number: 724 535 5777 Extension:

Title:

RSO





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11/03/2015

SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4
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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)

4	9	6	9	3	1		
---	---	---	---	---	---	--	--

01	07	20	16
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):

P	A	-	0	6	7	8				
---	---	---	---	---	---	---	--	--	--	--

Company Name:

A	L	A	R	O	N		N	U	C	L	E	A	R		S	E	R	V	I	C	E	S				
---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	--	--	--

Department:

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

Address Line 1:

2	1	3	8		S	T	A	T	E		R	O	U	T	E		1	8									
---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	--	---	---	--	--	--	--	--	--	--	--	--

Address Line 2:

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

City:

W	A	M	P	U	M																						
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State:

PA

Zip Code:

16157 -

Part 3

Enter the name of the individual responsible for this device:

Last Name:

O	T	L	O	W	S	K	I																				
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name:

M	I	C	H	A	E	L						
---	---	---	---	---	---	---	--	--	--	--	--	--

Middle Initial:

--

Telephone Number:

7	2	4		5	3	5		5	7	7	7
---	---	---	--	---	---	---	--	---	---	---	---

Extension:

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

Title:

R	S	O																									
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--





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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4
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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) 546664

01 07 2016
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):

PA-0678

Company Name:

ALARON NUCLEAR SERVICES

Department:

Address Line 1:

2138 STATE ROUTE 18

Address Line 2:

City:

WAMPUM

State: PA Zip Code: 16157

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

Last Name:

OTLOWSKI

First Name:

MICHAEL

Middle Initial:

Telephone Number: 724 535 5777 Extension:

Title:

RSO





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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4
PAGE 4 of 9

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) **546665**

01 07 2016
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):

PA-0678

Company Name:

ALARON NUCLEAR SERVICES

Department:

Address Line 1:

2138 STATE ROUTE 18

Address Line 2:

City:

WAMPUM

State:

PA

Zip Code:

16157

Part 3

Enter the name of the individual responsible for this device:

Last Name:

OTLOWSKI

First Name:

MICHAEL

Middle Initial:

Telephone Number:

724 535 5777

Extension:

Title:

RSO





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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4
PAGE 5 of 9

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

Part 1

NRC Device Key:
(from Section 2 or 6) **546666**

Transfer Date:
01 07 2016
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):

PA-0678

Company Name:

ALARON NUCLEAR SERVICES

Department:

Address Line 1:

2138 STATE ROUTE 18

Address Line 2:

City:

WAMPUM

State: **PA** Zip Code: **16157**

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

Last Name:

OTLOWSKI

First Name:

MICHAEL

Middle Initial:

Telephone Number: **724 535 5777** Extension:

Title:

RSO





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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4
PAGE 6 of 9

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) 7 2 2 8 6 7

01 07 2016
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):

4 7 - 3 0 9 2 7 - 0 1

Company Name:

HIGHLAND MINING CO., INC.

Department:

Address Line 1:

ROUTE 73 SOUTH

Address Line 2:

PO BOX 1098

City:

HOLDEN

State:

WV

Zip Code:

25625

Part 3

Enter the name of the individual responsible for this device:

Last Name:

BURDETTE

First Name:

SCOTT

Middle Initial:

Telephone Number:

304 239 2300

Extension:

Title:

RSO





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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4
PAGE 7 of 9

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) 754043

01 07 2016
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):

PA-0678

Company Name:

ALARON NUCLEAR SERVICES

Department:

Address Line 1:

2138 STATE ROUTE 18

Address Line 2:

City:

WAMPUM

State:

PA

Zip Code:

16157

Part 3

Enter the name of the individual responsible for this device:

Last Name:

OTLOWSKI

First Name:

MICHAEL

Middle Initial:

Telephone Number:

724

535

5777

Extension:

Title:

RSO





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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4
PAGE 8 of 9

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) 8 1 1 5 3 7

01 07 2016
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):

4 7 - 3 0 9 2 7 - 0 1

Company Name:

HIGHLAND MINING CO., INC.

Department:

Address Line 1:

ROUTE 73 SOUTH

Address Line 2:

PO BOX 1098

City:

HOLDEN

State:

WV

Zip Code:

25625

Part 3

Enter the name of the individual responsible for this device:

Last Name:

BURDETTE

First Name:

SCOTT

Middle Initial:

Telephone Number:

304 239 2300

Extension:

Title:

RSO





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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4
PAGE 9 of 9

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)

8	1	1	5	3	8
---	---	---	---	---	---

01	07	2016
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):

4	7	-	3	0	9	2	7	-	0	1		
---	---	---	---	---	---	---	---	---	---	---	--	--

Company Name:

H	I	G	H	L	A	N	D		M	I	N	I	N	G		C	O	.		I	N	C	.
---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	--	---	---	---	---

Department:

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

Address Line 1:

R	O	U	T	E		7	3		S	O	U	T	H										
---	---	---	---	---	--	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Address Line 2:

P	O		B	O	X		1	0	9	8													
---	---	--	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

City:

H	O	L	D	E	N																		
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State:

W	V
---	---

Zip Code:

2	5	6	2	5	-				
---	---	---	---	---	---	--	--	--	--

Part 3

Enter the name of the individual responsible for this device:

Last Name:

B	U	R	D	E	T	T	E																
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name:

S	C	O	T	T										
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Middle Initial:

--

Telephone Number:

3	0	4		2	3	9		2	3	0	0
---	---	---	--	---	---	---	--	---	---	---	---

Extension:

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

Title:

R	S	O																					
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--





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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>)

W. G. Newsome
Wm. G. Newsome

5-11-2016

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
PAGE 1 of 1

NRC Device Key:
Manufacturer Name:
Model Number:

Manufacturer License No:

Serial #:

Transfer Date: