



GL-725500-20  
 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](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-725500-20

**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: BUCKEYE PARTNERS

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

Department:

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

Address Line 1: .7 MILES WEST OF INTERSECTION

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

Address Line 2: HWY W AND HWY TT

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

City: MILAN

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

State: MO 

--	--

Zip Code: 64068 - 

--	--	--	--

 - 

--	--	--	--

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

Category: 

--	--

Packet Receipt Date (MMDDYYYY): 

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

Accession Number: 

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

GLTS





**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: MILLER

E	V	A	N	S															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name: RUSSELL

Middle Initial: D

C	H	A	R	M	A	Y	N	E											
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

--

Telephone: (832) 325-1622

Extension:

8	3	2	3	2	5	5	1	1	6										
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

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

Title: RSO

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

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: HSSE

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

Address Line 1: ONE GREENWAY PLAZA

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

Address Line 2: SUITE 600

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

City: HOUSTON

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

State: TX

--	--

Zip Code: 77046 -

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

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





GL-725500-20

04/06/2016

### SECTION 2 - DEVICES SUBJECT TO REGISTRATION



SECTION 2

PAGE 1 of 1

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

**NRC Device Key**                    **667447**            **(Internal Control Number)**

**Distributor/Distributed By:**    **RONAN ENGINEERING COMPANY**

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

**Distributor License Number:**    **IND-267-95G**

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

**Manufacturer Name:** **RONAN ENGINEERING COMPANY**

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

**Device Model (Not Source Model):** **SA-1**

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

**Device Serial Number:** **M4156**

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

**Transfer Date (Receipt Date):** **06/01/2011**

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

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>							500.000000000 <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></tr></table>														mCi <table border="1"><tr><td></td><td></td><td></td></tr></table>			
2	<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><td></td><td></td><td></td></tr></table>														<table border="1"><tr><td></td><td></td><td></td></tr></table>			
3	<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><td></td><td></td><td></td></tr></table>														<table border="1"><tr><td></td><td></td><td></td></tr></table>			
4	<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><td></td><td></td><td></td></tr></table>														<table border="1"><tr><td></td><td></td><td></td></tr></table>			
5	<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><td></td><td></td><td></td></tr></table>														<table border="1"><tr><td></td><td></td><td></td></tr></table>			
6	<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><td></td><td></td><td></td></tr></table>														<table border="1"><tr><td></td><td></td><td></td></tr></table>			







GL-725500-20  
04/06/2016

**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)

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):

Company Name:

Department:

Address Line 1:

Address Line 2:

City:

State:  Zip Code:  -

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

Last Name:

First Name:

Middle Initial:

Telephone Number:

  

Extension:

Title:





GL-725500-20  
04/06/2016

**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>)

*A Chameyne Evans*

*May 2, 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.





GL-725500-20  
04/06/2016

**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: