



GL-722043-20  
 04/06/2016  
**NRC FORM 664**  
 07 - 2015  
 10 CFR 31.5

**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-722043-20

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: LOUIS DREYFUS AGRICULTURAL / BIO DIESEL

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Address Line 1: 7344 STATE RD. 15 SOUTH

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City: CLAYPOOL

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State: IN

Zip Code: 46510 - 



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| <b>For NRC Use Only</b><br>(Do not write here) | <b>Category:</b> <table border="1" style="width: 40px; height: 20px;"></table>                          |
|  | <b>Packet Receipt Date (MMDDYYYY):</b><br><table border="1" style="width: 100%; height: 25px;"></table> |
|  | <b>Accession Number:</b><br><table border="1" style="width: 100%; height: 25px;"></table>               |

GLTS





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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: ~~DREYFUS~~

P A R K E R

First Name: LOUIS

Middle Initial:

M I C H A E L

E

Telephone: ~~(574) 361-4403~~

Extension:

574 566 2159

Title: ~~MAINTENANCE~~

S U P E R I N T E N D E N T

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:

Address Line 1: 7344 STATE RD. 15 SOUTH

Address Line 2:

City: CLAYPOOL

State: IN

Zip Code: 46510 -







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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 837039 (Internal Control Number)

Distributor/Distributed By: ENDRESS + HAUSER, INC.

Grid for distributor information

Distributor License Number: 13-32721-01

Grid for distributor license number

Manufacturer Name: ENDRESS + HAUSER GMBH+CO.KG

Grid for manufacturer name

Device Model (Not Source Model): FQG60 SERIES

Grid for device model

Device Serial Number: K400130113F

Grid for device serial number

Transfer Date (Receipt Date): 05/20/2015

Grid for transfer date

MM DD YYYY

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

Table with 3 columns: Isotope, Activity, and Unit. Row 1: CS137, 50.00000000, mCi. Rows 2-6 are empty.







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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**

NRC Device Key:

(from Section 2 or 6)

Transfer Date:

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:





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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>)

*Michael J. Pahn*

*5/24/2016*

**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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|                        |                          |
|------------------------|--------------------------|
| <b>NRC Device Key:</b> | Manufacturer License No: |
| Manufacturer Name:     |                          |
| Model Number:          | Serial #:                |
|                        | Transfer Date:           |