



Jerome Cheese Company
547 West Nez Perce Avenue • Jerome, ID 83338
Phone 208.324.8806 • Fax 208.324.8892
www.daviscofoods.com

September 06, 2017

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

RE: Radioactive Material General Registration – Request to Cancel Registration

Registration ID: GL-61495-19

Device Identification:

Manufacturer's Name	Model Number	Serial Number	Isotope
Berthold	LB7440	920(920292)	Cs-137
Berthold	LB7440	59(59192)	Cs-137

Relinquished by: Jerome Cheese Company
547 West Nez Perce
Jerome, Idaho 83338
208-324-8806

Relinquished to: Qal-Tek Associates
3998 Commerce Circle
Idaho Falls, Idaho 83401
208-523-5557

Reason for De-registration: The facility devices listed above have not been used in the past 24 months nor are there plans to use these devices. The Company hereby notifies the NRC that ownership of these devices has been relinquished to Qal-Tek Associates. Documentation included in this submittal includes:

1. Radioactive Source Relinquishment of Ownership Form signed 08-06/2017
2. Leak Test Data 08-23-2016
3. NRC Form 664

If you have any additional questions or need additional information please contact me at peggy.dortch@daviscofoods.com or 208-324-8806.

Regards,

Peggy A. Dortch
Environmental Compliance Manager, Agropur, Inc.

NMSSID



3998 Commerce Circle
 (208) 523-5557
 www.qaltek.com

Idaho Falls, Idaho 83401
 Fax (208) 524-8470

Radioactive Source Relinquishment of Ownership

CUSTOMER & LICENSE INFORMATION

Contact: <u>Peggy Dortch</u>	ATS#: <u>2016:8634</u>
Phone: <u>208-324-8806</u>	Fax: _____
License #: _____	Expiration Date: _____
Company: <u>Jerome Cheese Company, Inc.</u>	_____
<u>547 W Nez Perce Ave</u>	_____
<u>Jerome, ID 83338 USA</u>	_____

GAUGE/DEVICE/LICENSED MATERIAL INFORMATION

<u>Isotope</u>	<u>Original</u> <u>Activity (mCi)</u>	<u>Date</u>	<u>Device/Inst.</u> <u>Mfr.</u>	<u>Device/Inst.</u> <u>Model</u>	<u>Device/Inst.</u> <u>Serial</u>	<u>Source</u> <u>Serial</u>
Cs-137	30	2/1/1992	BERTHOLD	LB7440	920(920292)	
Cs-137	30	1/1/1992	BERTHOLD	LB7440	59(59192)	

Services Needed: Reutilization/Disposal Leak Test Other _____

AUTHORIZATION

Permanent ownership of above listed Licensed Material is hereby granted to: Qal-Tek Associates, NRC License # 11-27610-01

_____ Source Owner	_____ Date	_____ Qal-Tek Representative Received by	_____ Date
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LEAK TEST DATA

Company Info: Jerome Cheese



SURVEY METER

Model #: Inspector Serial #: 45158 Probe: _____ Serial #: _____
 Calibration Date 7/25/2017 Probe Efficiency: 0.29

SOURCE/DEVICE LEAK TEST

Make	Model	serial#	Nuclide	Bkg cpm	Gross cpm	Net cpm	Lc (cpm)*	μCi/wipe	Limit (μCi)#	MDA (μCi)
Berthold	7440	920292	Cs137	64	68	4	19		5.00E-03	
Berthold	7440	59192	Cs137	64	70	6	19		5.00E-03	

* if Net cpm is >Lc the result is real
 # if μCi/wipe is above the limit the material cannot ship and it is the customers responsibility to investigate and report if necessary

Signature *Angela Anthony* Date: 8-23-16

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Date 09/06/2016

NRC FORM 664
(07-2015)
10 CFR 31.5

SECTION 1
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U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

OMB EXPIRATION DATE: 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

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Enter the company name and street address for the physical location of use for the device(s). For portable devices, specify the primary storage location. Do not use P. O. Boxes.

Company Name:

J E R O M E C H E E S E C O M P A N Y

Department:

D I V I S I O N O F A G R O P U R I N C

Address Line 1:

5 4 7 W E S T N E Z P E R C E

Address Line 2:

City:

J E R O M E

State:

I D

Zip Code:

8 3 3 3 8 - 0 4 8 5

For NRC Use Only
(Do not write here)

Category:

Packet Receipt Date (MMDDYYYY)

Accession Number



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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:

G R A C I D A

First Name:

E R I C

Middle Initial:

Telephone:

2 0 8 - 3 2 4 - 8 8 0 6

Extension:

2 0 4 5

Title:

P L A N T M A N A G E R

Enter the mailing address where correspondence regarding your device(s) should be sent.

Department:

Address Line 1:

5 4 7 W E S T N E Z P E R C E

Address Line 2:

City:

J E R O M E

State:

I D

Zip Code:

8 3 3 3 8 - 0 4 8 5



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SECTION 2

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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 715681 (Internal Control Number)

Distributor/Distributed By:

B S I I N S T R U M E N T S

Distributor License Number:

3 7 - 2 1 2 2 6 - 0 2 G

Manufacturer Name:

B E R T H O L D

Device Model (Not Source Model):

L B 7 4 4 0 D

Device Serial Number:

5 9 - 1 - 9 2

[X] Not in possession of device (Also complete Section 4)

Transfer Date: MM/DD/YYYY

0 8 2 3 2 0 1 6 MM DD YYYY

Table with 3 columns: Isotope (e.g., AM241), Activity (e.g., 100), Unit (e.g., mCi). Row 1: C S 1 3 7, 3 0, m C i.



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SECTION 2

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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 715682 (Internal Control Number)

Distributor/Distributed By:

B S I I N S T R U M E N T S

Distributor License Number:

3 7 - 2 1 2 2 6 - 0 2 G

Manufacturer Name:

B E R T H O L D

Device Model (Not Source Model):

L B 7 4 4 0 D

Device Serial Number:

9 2 0 - 2 - 9 2

[X] Not in possession of device (Also complete Section 4)

Transfer Date: MM/DD/YYYY

0 8 2 3 2 0 1 6
MM DD YYYY

Table with 3 columns: Isotope (e.g., AM241), Activity (e.g., 100), Unit (e.g., mCi). Row 1: C S I 3 7, 3 0, m C i



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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

[Empty grid for Manufacturer Name]

Initial Transferor Name

[Empty grid for Initial Transferor Name]

Initial Transferor License Number (if known)

[Empty grid for Initial Transferor License Number]

Device Model Number (Not Source Model)

[Empty grid for Device Model Number]

Device Serial Number

[Empty grid for Device Serial Number]

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

- Manufacturer/Initial Transferor listed above
- Other General License
- Other Source

Date Transferred:

[]	[]	[]	[]	[]	[]	[]	[]
MM		DD		YYYY			

	Isotope (e.g., AM241)	Activity (e.g., 100)	Unit (e.g., mCi)
1.	[]	[]	[]
2.	[]	[]	[]
3.	[]	[]	[]
4.	[]	[]	[]
5.	[]	[]	[]
6.	[]	[]	[]
7.	[]	[]	[]
8.	[]	[]	[]
9.	[]	[]	[]
10.	[]	[]	[]



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SECTION 4 - NOT IN POSSESSION OF DEVICE

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

Part 1

NRC Device Key 715681
(from Section 2 or 6)

Transfer Date

0 8 2 3 2 0 1 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)

[Empty license number field]

Company Name:

Q A L - T E K A S S O C I A T E S

Department:

[Empty department field]

Address Line 1:

3 9 9 8 C O M M E R C E C I R C L E

Address Line 2:

[Empty address line 2 field]

City:

I D A H O F A L L S

State: I D

Zip Code: 8 3 4 0 1 - [Empty zip code field]

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

Last Name:

[Empty last name field]

First Name:

[Empty first name field]

Middle Initial:

[Empty middle initial field]

Telephone Number:

[Empty telephone number field]

Extension

[Empty extension field]

Title

[Empty title field]


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SECTION 5 - CERTIFICATION

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 web site at www.nrc.gov/reading-rm/doc-collections/cfr/)



SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

7-8-16

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

NRC Device Key: Manufacturer License No.:
Manufacturer Name:
Model Number: Serial No.: Transfer Date:
Isotope: Activity: Unit:
Isotope: Activity: Unit:
Isotope: Activity: Unit:
Isotope: Activity: Unit:
Isotope: Activity: Unit:

NRC Device Key: Manufacturer License No.:
Manufacturer Name:
Model Number: Serial No.: Transfer Date:
Isotope: Activity: Unit:
Isotope: Activity: Unit:
Isotope: Activity: Unit:
Isotope: Activity: Unit:
Isotope: Activity: Unit:

NRC Device Key: Manufacturer License No.:
Manufacturer Name:
Model Number: Serial No.: Transfer Date:
Isotope: Activity: Unit:
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