



GL-705439-21  
 11/09/2016  
**NRC FORM 664**  
 07 - 2015  
 10 CFR 31.5

*GLTS*

**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-705439-21**

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: METRO ST LOUIS SEWER

Department: BISSELL POINT TREATMENT

Address Line 1: 10 EAST GRAND AVENUE

Address Line 2:

City: SAINT LOUIS

State: MO  Zip Code: 63147 - 2913  -

**For NRC Use Only** **Category:**

*(Do not write here)* **Packet Receipt Date (MMDDYYYY):**

**Accession Number:**





GL-705439-21  
11/09/2016

**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: COYLE

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First Name: REBECCA

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Middle Initial: J

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Telephone: (314) 436-8749

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Extension:

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Title: OPERATIONS DIV 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: BISSELL POINT TREATMENT

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Address Line 1: 10 EAST GRAND AVENUE

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Address Line 2:

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City: SAINT LOUIS

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State: MO

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Zip Code: 63147 - 2913

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GL-705439-21

11/09/2016

**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 1**

**NRC Device Key 349410 (Internal Control Number)**

**Distributor/Distributed By: TN TECHNOLOGIES, INC.**

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**Distributor License Number: L01105**

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**Manufacturer Name: TN TECHNOLOGIES, INC.**

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**Device Model (Not Source Model): 5203**

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**Device Serial Number: B215**

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**Transfer Date (Receipt Date): 11/15/1987**

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**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	2000.000000000	mCi																																																															
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GL-705439-21  
11/09/2016

**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-705439-21  
11/09/2016

**SECTION 5 - CERTIFICATION**

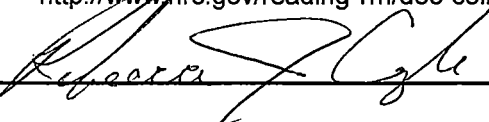
**SECTION 5**  
**PAGE 1 of 1**

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>)

  
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11/30/16  
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**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-705439-21  
11/09/2016

**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: