



Krones, Inc.
6312 Oakton Street
Morton Grove, IL 60053

January 30, 2017

Director
Office of Nuclear Safety and Safeguards
ATTN: GLTS
U.S. Nuclear Regulatory Commission
One White Flint North
11555 Rockville Pike
Rockville, MD 20852-2738

RE: Report of Transfers by Krones, Inc., IL-02315-01, to General Licensees in Non-Agreement States

To whom it may concern:

A copy of NRC Form 653, *Transfers of Industrial Devices Report (to General Licensees)*, for the fourth quarter of 2016 is attached. Please call me at 847-965-1999 if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Aaron O. Morris".

Aaron O. Morris

Attachment

ec: Doris Mayer
John Donahue



**TRANSFERS OF INDUSTRIAL
DEVICES REPORT
(TO GENERAL LICENSEES)**

Estimated burden per response to comply with this mandatory collection request: 36 minutes. NRC requests quarterly reports to keep apprised of device movements. Send comments regarding the burden estimate to the FOIA, Privacy, and Information Collections Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0001), 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.

(Continue on NRC Form 653, 653A or 653B, as appropriate)

For each "licensee" to whom a device(s) has been transferred during the reporting period, supply the following:

NAME OF VENDOR Krones, Inc.	REPORTING PERIOD	
	FROM	TO
LICENSE NUMBER IL-02315-01	10/01/2016	12/31/2016

INTERMEDIATE PERSON(S) (if any)

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

GENERAL LICENSEE INFORMATION

NAME OF GENERAL LICENSEE Dogfishhead CR	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 6 Cannery Village Center Milton, DE 19968		
NAME OF RESPONSIBLE INDIVIDUAL Mike Frank	TELEPHONE 3026841000		
TITLE OF RESPONSIBLE INDIVIDUAL			

INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
10/12/2016	(D) Gamma Gauge	Checkmat 731	K731BG3	Am-241	45 mCi

INTERMEDIATE PERSON(S) (if any)

NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

GENERAL LICENSEE INFORMATION

NAME OF GENERAL LICENSEE Kettle House Brewery	MAILING ADDRESS AT THE LOCATION OF USE (No., P.O. Boxes, include Zip Code) 605 Cold Smoke Ave. Bonner, MT 59823		
NAME OF RESPONSIBLE INDIVIDUAL Tim O'Leary	TELEPHONE 4067281660		
TITLE OF RESPONSIBLE INDIVIDUAL			

INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
11/30/2016	(D) Gamma Gauge	Checkmat 707	K707DVF	Am-241	45 mCi