



GL-709349-21
 01/18/2017
 NRC FORM 664
 07 - 2015
 10 CFR 31.5

GLTS

SECTION 1
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 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-709349-21

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: SENECA FOODS

SENECA FOODS

Department: CHRIS MAYES

CHRIS MAYES

Address Line 1: P.O. BOX 460, 25 NORTH 6TH ST.

P.O. BOX 460, 25 NORTH

Address Line 2: 25TH 6TH STREET

25TH 6TH STREET

City: PAYETTE

PAYETTE

State: ID 10

Zip Code: 83661 - 83661

For NRC Use Only
 (Do not write here)

Category:

Packet Receipt Date (MMDDYY):

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: MAYES

MAYES

First Name: CHRIS

Middle Initial: A

CHRIS

A

Telephone: (208) 739-4401

Extension:

208 739 4401

Title: PLANT MANAGER

PLANT MANAGER

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: CHRIS MAYES

CHRIS MAYES

Address Line 1: P.O. BOX 460, 25 NORTH 6TH ST.

P.O. BOX 460, 25 NORTH 6TH ST.

Address Line 2:

PAYETTE

City: PAYETTE

PAYETTE

State: ID

10

Zip Code: 83661 -

83661





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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 646854 (Internal Control Number)

Distributor/Distributed By: PECO CONTROLS CORPORATION

PECO CONTROLS

Distributor License Number: 3823-43 GL

3823-43GL

Manufacturer Name: PECO CONTROLS CORPORATION

PECO CONTROLS CORPORATION

Device Model (Not Source Model): GAM101P

GAM101P

Device Serial Number: G01760024

G01760024

Transfer Date (Receipt Date): 02/02/2002

02 02 2002

MM DD YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	AM241 AM241	100.00000000 100.00000000	mCi mCi
2			
3			
4			
5			
6			





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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 665867 (Internal Control Number)

Distributor/Distributed By: PECO CONTROLS CORPORATION

PECO CONTROLS CORPORATION

Distributor License Number: 3823-43 GL

3823-43GL

Manufacturer Name: PECO CONTROLS CORPORATION

PECO CONTROLS CORPORATION

Device Model (Not Source Model): GAMMA 101-P

GAMMA 101-P

Device Serial Number: G006029131

G006029131

Transfer Date (Receipt Date): 02/02/2002

02 02 2002

MM DD YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	AM241 AM241	100.00000000 100.00000000	mCi mCi
2			
3			
4			
5			
6			





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SECTION 5 - CERTIFICATION

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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>)

2/23/17

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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NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: