



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

April 28, 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 first quarter of 2017 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
Josh Mrotek



**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 Infocollections.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	01/01/2017	03/31/2017

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 Niagara Bottling	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 380 Woodland Ave. Bloomfield, CT 06002		
NAME OF RESPONSIBLE INDIVIDUAL Lloyd Lirio	TELEPHONE 2035842639		
TITLE OF RESPONSIBLE INDIVIDUAL			

INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
1/18/2017	(D) Gamma Gauge	Checkmat 731	K731BIE	Am-241	45 mCi
1/18/2017	(D) Gamma Gauge	Checkmat 731	K731BIF	Am-241	45 mCi
2/7/2017	(D) Gamma Gauge	Checkmat 731	K731BIM	Am-241	45 mCi
2/7/2017	(D) Gamma Gauge	Checkmat 731	K731BIN	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	MAILING ADDRESS AT THE LOCATION OF USE (No., P.O. Boxes, include Zip Code)		
NAME OF RESPONSIBLE INDIVIDUAL	TELEPHONE		
TITLE OF RESPONSIBLE INDIVIDUAL			

INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS