



GL-725254-21

04/13/2017

NRC FORM 664

07 - 2015

10 CFR 31.5

GLTS

SECTION 1

PAGE 1 of 2

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-725254-21

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: PEABODY MIDWEST MINING, LLC

Grid for company name: 28 empty boxes

Department: BEAR RUN PREP

Grid for department: 28 empty boxes

Address Line 1: 7255 EAST CITY ROAD 600 SOUTH

Grid for address line 1: 28 empty boxes

Address Line 2:

Grid for address line 2: 28 empty boxes

City: CARLISLE

Grid for city: 28 empty boxes

State: IN

Grid for state: 2 empty boxes

Zip Code: 47838 -

Grid for zip code: 5 empty boxes followed by a dash and 4 empty boxes

For NRC Use Only (Do not write here)	Category:	<input type="text"/>
	Packet Receipt Date (MMDDYYYY):	<input type="text"/>
	Accession Number:	<input type="text"/>
	Accession Number:	<input type="text"/>





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: BOWMAN

[Grid for last name: 20 columns]

First Name: RANDY

[Grid for first name: 10 columns]

Middle Initial: L

[Grid for middle initial: 1 column]

Telephone: (812) 659-7131

[Grid for telephone number: 11 columns]

Extension:

[Grid for extension: 5 columns]

Title: RADIATION SAFETY OFFICER

[Grid for title: 20 columns]

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: PEABODY MIDWEST MINING, LLC

[Grid for department: 20 columns]

Address Line 1: 566 DICKEYVILLE RD

[Grid for address line 1: 20 columns]

Address Line 2:

[Grid for address line 2: 20 columns]

City: LYNNVILLE

[Grid for city: 20 columns]

State: IN

[Grid for state: 2 columns]

Zip Code: 47619 -

[Grid for zip code part 1: 5 columns]

[Grid for zip code part 2: 5 columns]





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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.

NRC Device Key 812989 (Internal Control Number)

Distributor/Distributed By: THERMO FISCHER SCIENTIFIC

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Distributor License Number: L03524

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Manufacturer Name: THERMO MEASURETECH

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Device Model (Not Source Model): 5201

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Device Serial Number: B5330

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Transfer Date (Receipt Date): 10/28/2009

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																																													
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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 812990 (Internal Control Number)

Distributor/Distributed By: THERMO FISCHER SCIENTIFIC

Empty grid for distributor information

Distributor License Number: L03524

Empty grid for distributor license number

Manufacturer Name: THERMO MEASURETECH

Empty grid for manufacturer name

Device Model (Not Source Model): 5202

Empty grid for device model

Device Serial Number: B3204

Empty grid for device serial number

Transfer Date (Receipt Date): 10/28/2009

Empty grid for transfer date

MM DD YYYY

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

Input box for device possession status

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137	350.00000000	mCi
	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>





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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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Our records indicate that you have these devices. Please update the information as necessary.

NRC Device Key 812991 (Internal Control Number)

Distributor/Distributed By: THERMO FISCHER SCIENTIFIC

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Distributor License Number: L03524

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Manufacturer Name: THERMO MEASURETECH

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Device Model (Not Source Model): 5202

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Device Serial Number: B3205

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Transfer Date (Receipt Date): 10/28/2009

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																							
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SECTION 3

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

PAGE 1 of 1

Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

[Grid for Manufacturer Name]

Initial Transferor Name

[Grid for Initial Transferor Name]

Initial Transferor License Number (if known)

[Grid for Initial Transferor License Number]

Device Model Number (Not Source Model)

[Grid for Device Model Number]

Device Serial Number

[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 Licensee Date Transferred: [MM][DD][YYYY]
 Other Source (Received)

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

Table with 10 rows for device details: Isotope, Activity, and Unit.





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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>)

Randy Soumar

5-1-17

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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04/13/2017

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: