



GL-656891-21  
 04/11/2017  
 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-656891-21

**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: CITY OF ANN ARBOR

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Department: C/O ANN ARBOR WWTP

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Address Line 1: 49 OLD DIXBORO RD.

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Address Line 2:

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City: ANN ARBOR

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State: MI

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Zip Code: 48105 - 9709

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<b>For NRC Use Only</b> (Do not write here)	Category:		
	Packet Receipt Date (MMDDYYYY):		
	Accession Number:		





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SECTION 1  
PAGE 2 of 2

**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: SANDERS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name: KEITH

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Initial: E

--

Telephone: (734) 794-6450

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Extension: 43822

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Title: ASSISTANT MGR

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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: C/O ANN ARBOR WWTP

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Address Line 1: 49 OLD DIXBORO RD.

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Address Line 2:

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City: ANN ARBOR

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State: MI

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Zip Code: 48105 - 9709

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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.

PAGE 1 of 1

**NRC Device Key**                 **718501**     **(Internal Control Number)**

Distributor/Distributed By:     **RONAN ENGINEERING COMPANY**

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Distributor License Number:     **IND-267-95G**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Manufacturer Name: **RONAN ENGINEERING COMPANY**

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Device Model (Not Source Model): **SA1-C5**

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Device Serial Number: **8196GK**

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Transfer Date (Receipt Date): **05/15/1999**

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MM          DD                      YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																													
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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4

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Provide information about devices listed in Section 2 or 6, but no longer in your possession.

Part 1

Transfer Date:

NRC Device Key: 7 1 8 5 0 1

05 01 2017  
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):

0 7 1 1 2 3 4 0 1 (WI)

Company Name:

RAM SERVICES INCORPORATED

Department:

[Empty grid]

Address Line 1:

510 COUNTY HIGHWAY V

Address Line 2:

[Empty grid]

City:

TWO RIVERS

State:

WI

Zip Code:

54241

Part 3

Enter the name of the individual responsible for this device:

Last Name:

[Empty grid]

First Name:

[Empty grid]

Middle Initial:

[Empty box]

Telephone Number:

[Empty grid]

Extension:

[Empty grid]

Title:

[Empty grid]





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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>)

Keith Sanders

05/08/2017

**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:**

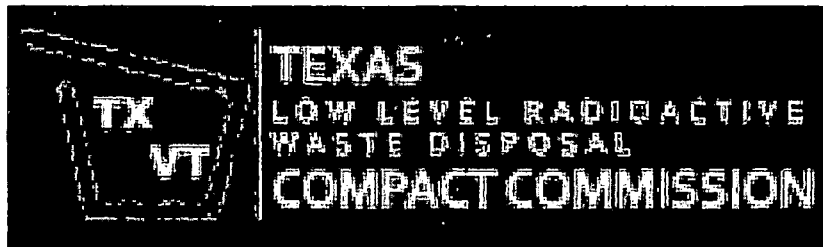
Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:



## GENERATOR AUTHORIZATION

28 April 2017

Ann Arbor W.W.T.P./Walsh Group in Ann Arbor, MI authorizes RAM Services, Inc. of Two Rivers, Wisconsin (State of Wisconsin, radioactive materials license 071-1234-01) to be our Broker and/or Processor for disposal of our radioactive material and/or sealed sources into the State of Texas Compact Disposal Facility in Andrews, Texas, operated by Waste Control Specialists, LLC. By signing this Generator Authorization, the Generator is also verifying that there is no waste of international origin contained in this shipment.

NAME OF AUTHORIZED  
ORIGINAL GENERATOR

REPRESENTATIVE: Steve Colone

TITLE: Walsh Superintendent

MAILING ADDRESS: 49 Old Dixboro Road  
Ann Arbor, MI 48105

PHONE: 313-218-3570

EMAIL: scolone@walshgroup.com

SIGNATURE:



# DRIVER'S PACKET

The following information is included with this disposal packet:

1. Proper Bill of Lading and shipping procedures for a loaded source holder
2. Valid Leak Test Certificates
3. Field radiation survey sheets
4. Emergency Response Information
5. RAM Services signed "Acceptance Form"

This packet must be carried in the cab at all times.



# BILL OF LADING

SHIPPER NO. : 2017-040

PAGE 1 OF 1

CARRIER NO. : \_\_\_\_\_

NAME OF CARRIER: \_\_\_\_\_

DATE: \_\_\_\_\_

CONSIGNEE: RAM SERVICES, INC.

SHIPPER: ANN ARBOR W.W.T.P.

STREET: 510 COUNTY HWY V

STREET: 49 OLD DIXBORO ROAD

CITY / STATE TWO RIVERS, WI

ORIGIN: ANN ARBOR, MI 48105

ZIP CODE 54241

EMERGENCY PHONE: 1-859-663-6951

NO. SHIPPING UNITS	HM	KIND OF PACKAGING, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	WEIGHT
1 SKID	X	<p>UN3332, RADIOACTIVE MATERIAL, TYPE A PACKAGE, SPECIAL FORM, NON -FISSILE, CLASS 7, Cs-137 Isotope</p> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <p style="margin: 0;">18.5 GBq TOTAL</p> </div> <p style="margin-top: 5px;"> <u>1</u> TYPE A PACKAGE ( <u>1</u> ) @ <u>18.5</u> GBq EACH                      ( ) @ _____ GBq EACH                      ( ) @ _____ GBq EACH                 </p> <p>LABEL CAT: RADIOACTIVE YELLOW II T.I.= <u>0.2</u></p> <p style="text-align: center; margin-top: 10px;"> <b>DIMENSIONS: <u>32" X 32" X 16"</u></b> </p> <p>NMFC164900 RADIOACTIVE MATERIAL CLASS 250</p> <p><b><u>RPK#:1328 - FOR RONAN SOURCEHOLDER (8196GK)</u></b></p> <p style="margin-top: 20px;"><b><u>SEND FREIGHT COLLECT BILL TO:</u></b>  <b>Ronan Engineering</b>  <b>8050 Production Drive</b>  <b>Florence, KY 41042</b></p>	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <p style="margin: 0;"><b>200 lbs</b></p> </div>

**PLACARDS TENDERED: YES [ ] NO [  ]**

<p><small>Note - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.</small></p> <p>The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____</p>	<p>I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by Rail, Highway, Water (Delete non-applicable mode of transport) according to applicable international and national governmental regulations.</p> <p style="text-align: right;">  Signature                 </p>	<p><b>FREIGHT CHARGES:</b></p> <p style="text-align: center;">3rd PARTY COLLECT <input checked="" type="checkbox"/></p> <p style="text-align: right; margin-top: 10px;">                     _____                      Signature of Consignee                 </p>
---	--	---

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

<b>SHIPPER: WALSH/ANN ARBOR WWTP</b>	<b>CARRIER:</b>
<b>PER: STEVE COLONE</b>	<b>PER:</b>
<b>DATE: 4/28/17</b> <b>PHONE: 313-218-3570</b>	<b>DATE:</b>



RONAN ENGINEERING COMPANY  
8050 PRODUCTION DRIVE  
FLORENCE, KY 41042

### LEAK TEST CERTIFICATE

CUSTOMER: CITY OF ANN ARBOR—W.W.T.P.

ADDRESS: 49 OLD DIXBORO ROAD  
ANN ARBOR, MI 48105

ATTN: MARTY HANSEN      PHONE: 313-456-6500      PO #: 212061A08

THIS IS TO CERTIFY THAT THE FOLLOWING SEALED SOURCE  
HAS BEEN LEAK TESTED AND FOUND TO BE:

ACCEPTABLE       UNACCEPTABLE       NEEDING RETEST

ISOTOPE: Cs-137      SOURCE ACTIVITY (mCi): 500 mCi

SOURCE SERIAL NO.: 8196GK      SHOP ORDER NUMBER: MI-11455

GAUGE MODEL: SA1-C5      MANUFACTURER: RONAN ENG.

TEST DATE: 4/6/17      TESTED BY: TONY SHOLLER

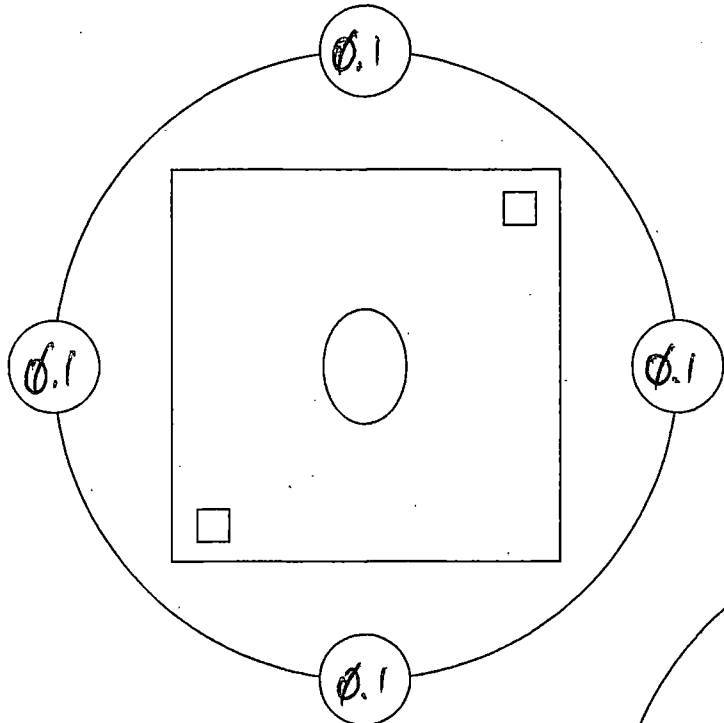
ANALYSIS DATE: 4/8/17      ANALYZED BY: MIKE MILLER

TEST RESULTS: <0.001      MICROCURIE OF REMOVABLE  
CONTAMINATION

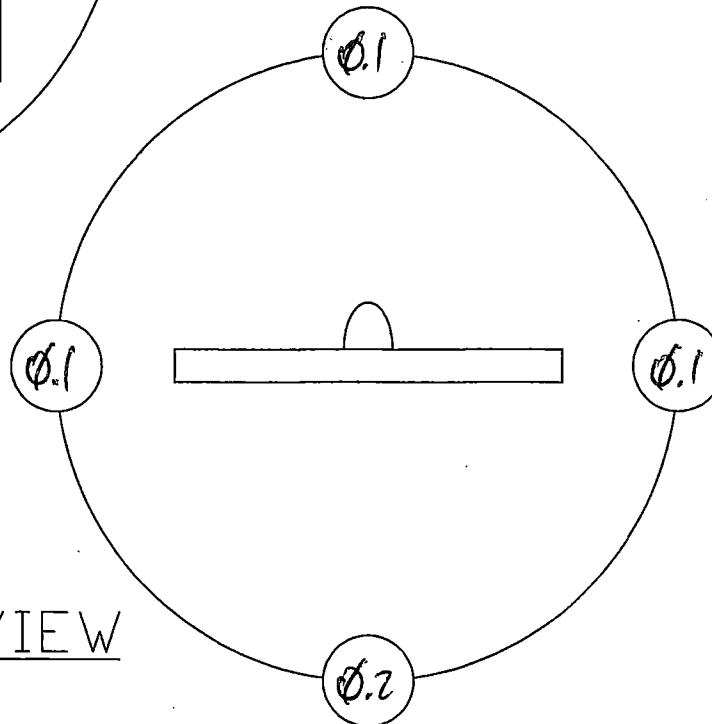
NEXT REQUIRED LEAK TEST DATE: AS SPECIFIED ON LICENSE

DATE	SYM	REVISION RECORD	DR	CK
09-20-05	0	NEW RELEASE	SRL	RJA

CUSTOMER ANN ARBOR W.W.T.P. / WALSH  
 ADDRESS 49 OLD DIXBORO ROAD  
 CITY, STATE, ZIP ANN ARBOR, MI 48105



TOP VIEW



SIDE VIEW

DISTRIBUTION:

- (1) COPY TO RONAN ENGINEERING
- (1) COPY TO CUSTOMER ON-SITE

A) SURVEY METER-

MFR. LUDLUM MOD. 3

S/N 116141 CAL. DATE 9/15/16

B) SOURCE-

ISOTOPE Cs-137 ACTIVITY 500mCi

MFR. DATE 2/99 S/N 8196GK

C) SOURCE HOLDER-

MODEL SA1-C5 SHOP ORDER NO. MI-11455

SHUTTER POSITION OFF/LOCKED

D) SURVEYED BY TONY SHOLLER

DATE 4-28-17

NOTES:

- 1) ALL RADIATION READINGS ARE IN mR/hr
- 2) SURVEY IS PERFORMED 1m FROM SURFACE OF PACKAGE/SOURCE HOLDER

<b>RONAN</b> MEASUREMENTS DIVISION	
CUSTOMER: <u>Ann Arbor WWTP</u>	SCALE DR. BY <u>SRL</u> APPR. BY
TITLE <b>SKID SURVEY (Transport Index)</b>	
DATE <u>4-28-17</u>	REV. DRAWING NUMBER



EMERGENCY RESPONSE INFORMATION  
(49 CFR 172.602)

**RADIATION EMERGENCY TELEPHONE NUMBERS**

Normal working hours (8:00 AM-5:00 PM) MON-FRI .....859-342-8500  
After hours / weekends .....859-663-6951  
Alternate Number 859-653-5263  
Kentucky Radiation Health & Toxic Agents Branch.....800-255-2587 or 502-607-1637

**RADIOACTIVE MATERIAL DESCRIPTION(49 CFR 172.101)**

Manufacturer's Name .....Ronan Engineering Co.  
Address.....8050 Production Drive  
Florence, KY 41042  
Proper Shipping Name .....Radioactive material, Type  
A Package, special form  
non-fissile, **Cesium-137**  
DOT Hazard Class .....Class 7  
I.D. Number .....UN3332  
Quantity .....18.5 GBq  
Label Category .....RADIOACTIVE YELLOW II  
Transport Index .....0.2  
Container .....DOT Spec. 7A, Type A  
Device Description.....Industrial Gauge

RONAN ENGINEERING COMPANY  
8050 PRODUCTION DRIVE  
FLORENCE, KENTUCKY, USA

PHONE (859)-342-8500  
FAX (859)-342-6426

## **IMMEDIATE HEALTH HAZARDS**

- 1) Radiation over-exposure
  - 2) Personnel contamination
- 

## **FIRE AND EXPLOSION INFORMATION**

- 1) Non-flammable.
  - 2) Radioactive material is contained in a doubly-encapsulated stainless steel capsule. The capsule is enclosed in a steel or iron, lead-filled shielding container.
  - 3) Contamination is possible only if capsule ruptures.
  - 4) Lead can become liquid without losing shielding. Shielding loss will occur if container walls melt and lead runs out.
  - 5) MELTING POINTS:
    - a) CAPSULE 2550<sup>o</sup> F (1398<sup>o</sup> C)
    - b) CONTAINER 2500<sup>o</sup> f (1371<sup>o</sup> C)
    - c) LEAD 621<sup>o</sup> F ( 327<sup>o</sup> C)
  - 6) Special fire-fighting procedures: Firefighters should wear NIOSH-approved self-contained breathing apparatus and protective clothing.
- 

## **IMMEDIATE PRECAUTIONS TO BE TAKEN IN CASE OF ACCIDENT, LEAK, OR FIRE**

- 1) Evacuate immediate area. In case of fire, remain UPWIND at all times.  

**MINIMUM SAFE DISTANCE    30.0 FEET.**
  - 2) Promptly notify local Fire / Police department(s). Inform them that radioactive materials are present. Have Emergency Response Sheet available.
  - 3) Restrict access to area to avoid spreading of contamination, if present.
  - 4) Identify and immediately isolate all persons who might have been over-exposed or contaminated.
  - 5) Do not attempt to relocate, move, or salvage any equipment containing radioactive materials. Wait for proper authorities to assess damage situation.
- 

## **FIRST AID MEASURES**

Get medical attention immediately. Level of exposure and whether contamination is present must be determined by personnel trained to deal with radiological emergencies. Treatment for over-exposure or decontamination must be carried out by personnel trained to do so.