

## Miller, Debra

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**From:** Hillman, Russ (HNI Corp) <HillmanR@hnicorp.com>  
**Sent:** Wednesday, July 12, 2017 7:03 AM  
**To:** Wagner, Katie  
**Cc:** Hillman, Russ (HNI Corp)  
**Subject:** [External\_Sender] FW: Nuclear Regulatory Commission documentation needs  
**Attachments:** syspmcr01.honi.com\_Scan\_to\_Desktop\_07-11-2017\_12-20-17.pdf

Katie, Please accept as official submission of the attached documents. Let me know outcome of review. Jay Heindel's phone number is (563) 299-3115 for reference. I will be out of office until 7/25/2017 with limited communications. Thank you for your patience.

Russ Hillman  
Project Manager  
HNI Tech. Services  
(563) 299- 7916

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**From:** Hillman, Russ (HNI Corp)  
**Sent:** Wednesday, July 05, 2017 11:11 AM  
**To:** Heindel, Jay (HNI Corp) <[HeindelJ@hnicorp.com](mailto:HeindelJ@hnicorp.com)>; Williams, Darren (HON Company) <[WilliamsD@hnicorp.com](mailto:WilliamsD@hnicorp.com)>  
**Cc:** Hillman, Russ (HNI Corp) <[HillmanR@hnicorp.com](mailto:HillmanR@hnicorp.com)>; Wagner, Katie <[Katie.Wagner@nrc.gov](mailto:Katie.Wagner@nrc.gov)>  
**Subject:** Nuclear Regulatory Commission documentation needs  
**Importance:** High

Jay, I was contacted by the NRC concerning the registered radioactive sources that were in the (4) Mahlo units that were located at Concept Industries. These sources were abated last year by Qal-Tek Associates. The issue is you are listed as the HNI person on the license. I have the paperwork filled out as per the instructions from the NRC agent and need your signature to complete the process. Please review NRCMahlo documents, sign and date section 5 and forward the signed PDF to Katie Wagner at the NRC and myself. She will confirm receipt. Also attached is the transfer of ownership to QalTek. This needs prompt attention

Russ Hillman  
Project Manager  
HNI Tech. Services  
(563) 299- 7916



UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
WASHINGTON, D.C. 20555-0001

February 17, 2017

TO: Users of Devices Subject to General License Registration  
SUBJECT: ANNUAL REGISTRATION OF GENERALLY LICENSED DEVICES

The U.S. Nuclear Regulatory Commission (NRC) requires annual registration of certain devices that are possessed under the general license issued in Section 31.5 of Title 10 U.S. Code of Federal Regulations (10 CFR 31.5). Devices subject to registration include those containing the radioactive material and activity listed in Table 1 of the attached NRC Form 664. You are receiving this notice because NRC records indicate that you have one or more such devices. Information about the general license registration program is available NRC website at <http://www.nrc.gov/materials/miau/miau-reg-initiatives/gen-license.html>

Note that under 10 CFR 31.5(c)(11), the attached General Licensee Registration Package must be completed, signed, and returned to the NRC within 30 days from the date of this letter. Read all of the instructions prior to completing the package. Mail the completed package in the enclosed envelope to:

Director, Office of Nuclear Material Safety  
and Safeguards  
ATTN: GLTS  
U.S. Nuclear Regulatory Commission  
Washington DC 20555-0001

**Registration Fee:** Commission regulations (10 CFR 170.31, Category 3Q) require that you submit a registration fee with each registration on an annual basis. The registration fee is subject to change yearly, and you are required to submit the fee that is in effect as of the date of this letter. An invoice for the current amount due will be sent to you under separate cover. If you have any questions about the fee or the invoice, please contact the License Fee Billing Help Desk at 301-415-7554 or e-mail at [fees.resource@nrc.gov](mailto:fees.resource@nrc.gov).

NRC amended 10 CFR Parts 170.11 and 170.31 to provide that 10 CFR Part 170 fees be assessed to Federal agencies, where applicable, in accordance with the Energy Policy Act of 2005. Therefore, those Federal facilities required to register certain generally licensed devices in their possession will be required to pay the annual registration fee.

Attachment: NRC Form 664 -- General Licensee Registration and Instructions

Sincerely,  
/RA/  
Katie Wagner  
U.S. Nuclear Regulatory Commission  
Office of Nuclear Material Safety and  
Safeguards  
Division of Material Safety, State, Tribal and  
Rulemaking Programs  
Material Safety Licensing Branch

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SUBJECT: ANNUAL REGISTRATION OF GENERALLY LICENSED DEVICES

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NRC amended 10 CFR Parts 170.11 and 170.31 to provide that 10 CFR Part 170 fees be assessed to Federal agencies, where applicable, in accordance with the Energy Policy Act of 2005. Therefore, those Federal facilities required to register certain generally licensed devices in their possession will be required to pay the annual registration fee.

Attachment: NRC Form 664 -- General Licensee Registration and Instructions

Sincerely,  
**/RA/**  
Katie Wagner  
U.S. Nuclear Regulatory Commission  
Office of Nuclear Material Safety and  
Safeguards  
Division of Material Safety, State, Tribal and  
Rulemaking Programs  
Material Safety Licensing Branch

Distribution:  
MSTR r/f

**ML17054C445**

Office	NMSS
Name	K. Wagner
Date	02/11/2017

**OFFICIAL RECORD ONLY**





GL-720352-21  
02/08/2017

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: HEINDEL

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First Name: JAY

Middle Initial:

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--	--	--	--

Telephone: (563) 272-5633

Extension:

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Title: 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: ALLSTEEL PANELS PLANT

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Address Line 1: 3000 N. HWY 61

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Address Line 2:

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City: MUSCATINE

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State: IA

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Zip Code: 52761 -

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02/08/2017

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 4

NRC Device Key 750758 (Internal Control Number)

Distributor/Distributed By: MAHLO CONTROL SYSTEMS AUTOMATION

Empty grid for distributor information

Distributor License Number: GL-142-02

Empty grid for distributor license number

Manufacturer Name: MAHLO CONTROL SYSTEMS AUTOMATION

Empty grid for manufacturer name

Device Model (Not Source Model): FMIR-1

6 2 7 0 / 6 2

Device Serial Number: OG 400

Empty grid for device serial number

Transfer Date (Receipt Date): 07/31/2006

Empty grid for transfer date

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	SR90	13.50000000	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.

PAGE 2 of 4

NRC Device Key 750759 (Internal Control Number)

Distributor/Distributed By: MAHLO CONTROL SYSTEMS AUTOMATION

Empty grid for distributor information

Distributor License Number: GL-142-02

Empty grid for distributor license number

Manufacturer Name: MAHLO CONTROL SYSTEMS AUTOMATION

Empty grid for manufacturer name

Device Model (Not Source Model): FMIR-1

6 2 7 0 / 6 2

Device Serial Number: OG 401

Empty grid for device serial number

Transfer Date (Receipt Date): 07/31/2006

Empty grid for transfer date

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	SR90 [ ][ ][ ][ ][ ][ ]	13.50000000 [ ]	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.

PAGE 3 of 4

NRC Device Key 750760 (Internal Control Number)

Distributor/Distributed By: MAHLO CONTROL SYSTEMS AUTOMATION

Empty grid for distributor information

Distributor License Number: GL-142-02

Empty grid for distributor license number

Manufacturer Name: MAHLO CONTROL SYSTEMS AUTOMATION

Empty grid for manufacturer name

Device Model (Not Source Model): FMIR-1

6270/62

Device Serial Number: OG 402

Empty grid for device serial number

Transfer Date (Receipt Date): 07/31/2006

Empty grid for transfer date

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	SR90	13.50000000	mCi
2			
3			
4			
5			
6			







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02/08/2017

**SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2

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

PAGE 4 of 4

NRC Device Key                    777600            (Internal Control Number)

Distributor/Distributed By:    MAHLO CONTROL SYSTEMS AUTOMATION

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Distributor License Number:    GL-142-02

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Manufacturer Name: MAHLO CONTROLS SYSTEMS AUTOMATION

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

Device Model (Not Source Model): 11-200933

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Device Serial Number: PR 285

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

Transfer Date (Receipt Date): 11/20/2007

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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)																						
1	SR90 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							13.500000000 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>														mCi <table border="1"><tr><td></td><td></td><td></td></tr></table>			
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02/08/2017

**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:



**SECTION 4 - NOT IN POSSESSION OF DEVICE**

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

**Part 1**

Transfer Date:

NRC Device Key:  
(from Section 2 or 6) 

7	5	0	7	5	9
---	---	---	---	---	---

08	22	2016
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):

1	1	-	2	7	6	1	0	-	0	1
---	---	---	---	---	---	---	---	---	---	---

Company Name:

Q	a	i	-	T	e	k	A	s	s	o	c	i	a	t	e	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Department:

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Address Line 1:

3	9	9	8	C	o	m	m	e	r	c	e	C	i	r	c	l	e
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Address Line 2:

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City:

I	d	a	h	o	F	a	l	i	s
---	---	---	---	---	---	---	---	---	---

State: 

I	d
---	---

 Zip Code: 

8	3	4	0	1
---	---	---	---	---

**Part 3** **Enter the name of the individual responsible for this device:**

Last Name:

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

First Name:

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

Middle Initial:

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Telephone Number: 











 Extension:

Title:

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**SECTION 4 - NOT IN POSSESSION OF DEVICE**

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

**Part 1**

Transfer Date:

NRC Device Key:  
(from Section 2 or 6) 

7	5	0	7	6	0		
---	---	---	---	---	---	--	--

0	8	2	2	2	0	1	6
---	---	---	---	---	---	---	---

  
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):**

1	1	-	2	7	6	1	0	-	0	1		
---	---	---	---	---	---	---	---	---	---	---	--	--

Company Name:

Q	a	l	-	T	e	k	A	s	s	o	c	i	a	t	e	s							
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--

Department:

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

Address Line 1:

3	9	9	8		C	o	m	m	e	r	c	e		C	i	r	c	l	e				
---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--

Address Line 2:

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

City:

I	d	a	h	o		F	a	l	l	s												
---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

State: 

I	d
---	---

 Zip Code: 

8	3	4	0	1			
---	---	---	---	---	--	--	--

**Part 3 Enter the name of the individual responsible for this device:**

Last Name:

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

First Name:

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

Middle Initial:

--

Telephone Number:

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

Extension:

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Title:

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**SECTION 4 - NOT IN POSSESSION OF DEVICE**

**SECTION 4**  
**PAGE 1 of 1**

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

**Part 1**

Transfer Date:

NRC Device Key:  
(from Section 2 or 6)

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):

Company Name:

Department:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

**Part 3** Enter the name of the individual responsible for this device:

Last Name:

First Name:

Middle Initial:

Telephone Number:

Extension:

Title:





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02/08/2017

SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4  
PAGE 1 of 1

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

Part 1

Transfer Date:

NRC Device Key:  
(from Section 2 or 6) 777600

08 22 2016  
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):

11-27610-01

Company Name:

Qal-Tek Associates

Department:

Address Line 1:

3998 Commerce Circle

Address Line 2:

City:

Idaho Falls

State:

Id

Zip Code:

33401

Part 3 Enter the name of the individual responsible for this device:

Last Name:

First Name:

Middle Initial:

Telephone Number:

Extension:

Title:





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02/08/2017

**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>)

\_\_\_\_\_  
**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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02/08/2017



**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: