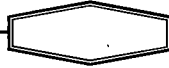


ASH GROVE CEMENT COMPANY



WESTERN REGION
100 HWY. 518
CLANCY, MT 59634-9701
PHONE 406 / 442-8855
FAX 406 / 442-9262

February 16, 2018

VIA Certified Mail

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

RE: Ash Grove Cement – Montana City Plant
Registration of Generally Licensed Devices - #GL-705744-23

Dear Sir or Madam,

Enclosed please find the above-referenced General Licensee Registration Package for Ash Grove Cements Montana City plant. All information is correct and no changes are needed. The registration fee is being submitted under separate cover as required.

If you have any questions or need additional information please contact me at (406) 442-8855.

Sincerely,

Jeff Briggs
Environmental Manager

cc: Files



GL-705744-23
 01/26/2018
 NRC FORM 664
 (01 - 2018)
 10 CFR 31.5

SECTION 1
 PAGE 1 of 2
 U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

OMB EXPIRATION DATE: 02/28/2019

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 Information Services Branch (T-2 F43), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by 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-705744-23

Enter the company name and street address for the physical location of use for the device(s). For portable devices, specify the primary storage location. Do not use P. O. Boxes.

Company Name: ASH GROVE CEMENT COMPANY

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Department: ENVIRONMENTAL

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Address Line 1: 100 HIGHWAY 518

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Address Line 2:

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City: CLANCY

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State: MT

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Zip Code: 59634 -

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For NRC Use Only (Do not write here)	Category: <table border="1"><tr><td></td><td></td></tr></table>									
	Packet Receipt Date (MMDDYYYY): <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
Accession Number: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										





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: BRIGGS

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

First Name: JEFF

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

Middle Initial: F

--

Business Telephone Number: (406) 442-8855

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

Extension: 7128

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Title: ENVIRONMENTAL MANAGER

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

Enter the mailing address where correspondence regarding your device(s) should be sent. This address should be specific to the physical location where the devices are used and/or stored.

Department: ENVIRONMENTAL DEPT

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Address Line 1: 100 HIGHWAY 518

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Address Line 2:

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

City: CLANCY

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State: MT

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Zip Code: 59634 -

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GL-705744-23

01/26/2018

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 **765141** **(Internal Control Number)**

Distributor/Distributed By: **VEGA AMERICA'S CORPORATION**

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Distributor License Number: **34-00639-04**

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

Manufacturer Name: **OHMART/VEGA CORPORATION**

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

Device Model (Not Source Model): **SH-F1A**

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

Device Serial Number: **72752**

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

Transfer Date: **10/09/2006**

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

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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GL-705744-23

01/26/2018

SECTION 3

PAGE 1 of 1

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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

Manufacturer Name

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Initial Transferor Name

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Initial Transferor License Number (if known)

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Device Model Number (Not Source Model)

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Device Serial Number

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How acquired and date (e.g., from a distributor/manufacturer, other licensee, other source)?

Manufacturer/Initial Transferor listed above
 Other General Licensee Date Transferred:
 Other Source

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																						
1.	<table border="1" style="width: 100%; height: 25px;"><tr><td colspan="10"></td></tr></table>											<table border="1" style="width: 100%; height: 25px;"><tr><td colspan="10"></td></tr></table>											<table border="1" style="width: 100%; height: 25px;"><tr><td colspan="2"></td></tr></table>		
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GL-705744-23
01/26/2018

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.





GL-705744-23
01/26/2018

SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

SECTION 6

PAGE 1 of 1

NRC Device Key: 789738

Manufacturer License No: IND-267-95G

Manufacturer Name: RONAN ENGINEERING COMPANY

Model Number: RLL1

Serial #: 211126A

Transfer Date: 12/08/2008

Isotope: CS137

Activity: 0.900000000

Unit: mCi
