

GLTS



GL-710513-23
02/16/2018
NRC FORM 664
(01 - 2018)
10 CFR 31.5

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-710513-23

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: TRIAD MINING LLC

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Department:

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Address Line 1: 1216 EAST COUNTY ROAD 900 SOUT

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Address Line 2:

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City: OAKLAND CITY

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State: IN

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Zip Code: 47660 -

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For NRC Use Only <i>(Do not write here)</i>	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></tr></table>							
Accession Number:	<table border="1"><tr><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: HERSEL

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First Name: MICHAEL

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Middle Initial: T

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Business Telephone Number: (812) 380-1317

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Extension:

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Title: RADIATION SAFETY OFFICER

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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: TECHNICAL SERVICES

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Address Line 1: 3228 SUMMIT SQUARE PL.

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Address Line 2: SUITE 180

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City: LEXINGTON

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State: KY

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Zip Code: 40509 -

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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 4

NRC Device Key 656207 (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: B2552

Empty grid for device serial number

Transfer Date: 10/09/2001

Empty grid for transfer date

MM DD YYYY

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

Input checkbox

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137 <input type="text"/>	200.000000000 <input type="text"/>	mCi <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

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

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NRC Device Key 656208 (Internal Control Number)

Distributor/Distributed By: THERMO FISCHER SCIENTIFIC

[Empty grid box]

Distributor License Number: L03524

[Empty grid box]

Manufacturer Name: THERMO MEASURETECH

[Empty grid box]

Device Model (Not Source Model): 7062BP

[Empty grid box]

Device Serial Number: B115

[Empty grid box]

Transfer Date: 11/30/2001

[Empty grid box for date]

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137 [Empty grid]	100.000000000 [Empty grid]	mCi [Empty grid]
2	[Empty grid]	[Empty grid]	[Empty grid]
3	[Empty grid]	[Empty grid]	[Empty grid]
4	[Empty grid]	[Empty grid]	[Empty grid]
5	[Empty grid]	[Empty grid]	[Empty grid]
6	[Empty grid]	[Empty grid]	[Empty grid]





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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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

NRC Device Key 825999 (Internal Control Number)

Distributor/Distributed By: THERMO FISCHER SCIENTIFIC

Empty grid box

Distributor License Number: L03524

Empty grid box

Manufacturer Name: THERMO MEASURETECH

Empty grid box

Device Model (Not Source Model): 5202

Empty grid box

Device Serial Number: B3261

Empty grid box

Transfer Date: 07/13/2016

Empty grid box for date

MM DD YYYY

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

Input checkbox

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137 [grid]	200.00000000 [grid]	mCi [grid]
2	[grid]	[grid]	[grid]
3	[grid]	[grid]	[grid]
4	[grid]	[grid]	[grid]
5	[grid]	[grid]	[grid]
6	[grid]	[grid]	[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>)

Michael Hesel

2/28/18

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: