



PEABODY Midwest Mining, LLC
566 Dickeyville Road
Lynnville, IN 47619

Certified Mail 7015 1730 0002 4383 0329

April 27, 2018

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

**RE: General License Registration
Peabody Midwest Mining LLC – Francisco Mine
License # GL-651075-23**

Ms. Wagner,

Enclosed is a General Licensee Registration for the above facility. If you have any questions,
please contact me at 812-922-1048.

Sincerely,

A handwritten signature in black ink that reads "Karen Risner". The signature is written in a cursive, flowing style.

Karen Risner
Authorized Representative

Enclosure

c: Francisco NRC file



GL-651075-23
 04/10/2018
 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-651075-23

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: PEABODY MIDWEST MINING, LLC

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

Department: FRANCISCO PREP

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

Address Line 1: COUNTY ROAD 725 EAST

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

Address Line 2:

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

City: FRANCISCO

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

State: IN

--	--

Zip Code: 47649 -

--	--	--	--

--	--	--	--

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></tr></table>								





GL-651075-23
04/10/2018

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: PANCAKE

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

First Name: ALAN

Middle Initial: L

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

--	--	--	--	--

Business Telephone Number: (812) 782-9658

Extension:

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

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

Title: RADIATION SAFETY OFFICER

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

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: PEABODY MIDWEST MINING, LLC

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

Address Line 1: 566 DICKEYVILLE RD

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

Address Line 2:

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

City: LYNNVILLE

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

State: IN

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

Zip Code: 47619 -

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





GL-651075-23

04/10/2018

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 3

NRC Device Key 812982 (Internal Control Number)

Distributor/Distributed By: THERMO FISCHER SCIENTIFIC

Grid for distributor information

Distributor License Number: L03524

Grid for distributor license number

Manufacturer Name: THERMO MEASURETECH

Grid for manufacturer name

Device Model (Not Source Model): 5201

Grid for device model

Device Serial Number: B5273

Grid for device serial number

Transfer Date: 08/19/2009

Grid for transfer date

MM DD YYYY

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

Table with 3 columns: Isotope (e.g. AM241), Activity (e.g. 100), Unit (e.g. mCi). Row 1: CS137, 50.000000000, mCi





GL-651075-23

04/10/2018

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 3

NRC Device Key 812983 (Internal Control Number)

Distributor/Distributed By: THERMO FISCHER SCIENTIFIC

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

Distributor License Number: L03524

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

Manufacturer Name: THERMO MEASURETECH

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

Device Model (Not Source Model): 5201

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

Device Serial Number: B5274

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

Transfer Date: 08/19/2009

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

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	CS137 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							100.00000000 <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><td></td><td></td><td></td><td></td></tr></table>																		mCi <table border="1"><tr><td></td><td></td><td></td></tr></table>			
2	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<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><td></td><td></td><td></td><td></td></tr></table>																		<table border="1"><tr><td></td><td></td><td></td></tr></table>			
3	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<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><td></td><td></td><td></td><td></td></tr></table>																		<table border="1"><tr><td></td><td></td><td></td></tr></table>			
4	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<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><td></td><td></td><td></td><td></td></tr></table>																		<table border="1"><tr><td></td><td></td><td></td></tr></table>			
5	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<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><td></td><td></td><td></td><td></td></tr></table>																		<table border="1"><tr><td></td><td></td><td></td></tr></table>			
6	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<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><td></td><td></td><td></td><td></td></tr></table>																		<table border="1"><tr><td></td><td></td><td></td></tr></table>			





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

[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/manufactur
 other licensee, other source)?

Manufacturer/Initial Transferor listed above
 Other General Licensee Date Transferred: [MM][DD][YYYY]
 Other Source

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1.	[Grid]	[Grid]	[Grid]
2.	[Grid]	[Grid]	[Grid]
3.	[Grid]	[Grid]	[Grid]
4.	[Grid]	[Grid]	[Grid]
5.	[Grid]	[Grid]	[Grid]
6.	[Grid]	[Grid]	[Grid]
7.	[Grid]	[Grid]	[Grid]
8.	[Grid]	[Grid]	[Grid]
9.	[Grid]	[Grid]	[Grid]
10.	[Grid]	[Grid]	[Grid]





GL-651075-23
04/10/2018

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:

Business Telephone Number:

Extension:

Title:





GL-651075-23
04/10/2018

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>)

4-27-18

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.





GL-651075-23
04/10/2018

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: