



NRC FORM 664

(11 - 2020) 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: 09/30/2022 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, Library, and Information Collections Branch (T-6 A10M), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@nrc.gov, and the OMB reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0198), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503; e-mail: oira submission@omb.eop.gov. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number. 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. **SECTION 1 - GENERAL LICENSEE INFORMATION General License Registration Number** GL-645035-26 Enter the company name and the street address for the physical location of use for your device(s). For portable devices, specify the primary storage location. Do not use P.O. Boxes. Company Name: ROCHESTER METAL PRODUCTS CORP. Department: Address Line 1: 616 INDIANA AVENUE Address Line 2: ROCHESTER City: State: IN Zip Code: 46975 For NRC Use Only Category: (Do not write here) Packet Receipt Date (MMDDYYYY):

Accession Number:

NMSS10 NMSS







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: SMITH First Name: DOUGLAS Middle Initial: D Business Telephone Number: (574) 223-3164 Extension: **Business E-mail Address:** ON SEROCHESTERMETALS, C Title: PROJECT ENGINEER Enter the mailing address where correspondence regarding your device(s) should be sent. Department: Address Line 1: P.O. BOX 488 Address Line 2: **ROCHESTER** City: Zip Code: 46975 State: IN





SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 1 of 1

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

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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.

SECTION 3 PAGE 1 of 1

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04/13/2021	SECTION 4 NOT IN DOSSESSION OF DEVICE												SE	:CT	ION	4			
Provide information about devices listed in Section 2 or 6, but no longer in your possession.										PA	GE	1 of	1						
Part 1 NRC Device Key: (from Section 2 or 6)	52	75	5 1	3		[Trans	5	i	2				2					
Location of the Device: O Whereabouts Unk O Never Possessed O Returned to Manu	nown (Coi	e (Comp	olete Pa	art 1 o		`⊠ ⊺	MM ransf ransf Comp	erred erred	to ar to a	Spec	_	eral		see (•	•			and 3)
Part 2 License Nu P A - 0 6 Company Name:		Recipien	it (if tra	nsferr	red to	a spe	cific li	cens	ee):										
ALARO Department:	\mathcal{N}	NU	IC	L	EA	R		5	E	R	V	I	C	E	S				
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WAMPU State: PA	Zip Code	e:	(0	1 4	5 7	7 -	9	3		0									
Part 3 Enter t	the name	e of the	e indi	vidua	l resp	ons	ibe f	or th	is d	evic	e:								
Last name:	 		 _			•													
First name:													Mi	ddle	Initia	ıl:			
Business Telephone Number:										E	xtens	sion:							



Title:







GL-645035-26 04/13/2021

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

5/13/2021

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.





SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION



SECTION 6 PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:



GENERATOR AUTHORIZATION

NAME OF ORIGINAL GENERATOR: Rochester Metal Products Corp

Authorizes													
NAME OF BROKER/PROCESSOR: Alaron Nuclear Services													
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:	Kayla Gibbons (PRINT NAME)												
TITLE:	Environmental Engineering Manager (PRINT TITLE)												
MAILING ADDRESS:	616 Indiana Avenue, PO Box 488 Rochester, IN 46975												
SIGNATURE:	Myla Alborr												

DATE: 5/12/2021

	NRC FORM 540	US NUCLEAR REGULATORY	COMMISSION		NAME AND FACILITY	SHIPPER ID# N/A	7, NRC FORM 540 AND 540A PAGE 1	1 PAGE(S)	8. Manifest Number (Use this number on ell continuation pages)								
	UNIFORMIOW	LEVEL RADIOACTIVE		11450 Watte	onmental Group, Inc.	X COLLECTOR	NRC FORM 541 AND 541A OF NRC FORM 542 AND 542A	1 PAGE(S) 1 PAGE(S)	fear and traumor out on portminorious holico)								
		E MANIFEST		Louisville, K		PROCESSOR	ADDITIONAL INFORMATION	None PAGE(S)	ł	AL-202	1-117						
	SHIP	PING PAPER		USER PERMIT N	JMBER SHIPMENT #	GENERATOR TYPE (SPECIFY)	P. CONSIGNEE-NAME AND FACILITY AD	DDRESS	Contact Mike Otlowski								
	1. EMERGENCY TELEPHONE NUMBER (INC	CLUDE AREA CODE)		T-KY003-L	21 N/A		Alaron Corporation										
	800-424-9300			CONTACT		TELEPHONE #	2138 State Route 18		Telephone Number (Include area code)								
1	ORGANIZATION CHEMTREC WSDS #: C	HEN01RAD Custome	er#: 4395	Brian Chur	CN NAME AND ADDRESS	865-399-5151 EPA ID#	Wampum, PA 16157		724-535-5777 Date								
	2. IS THIS AN "EXCLUSIVE USE" SHIPMENT?	3, TOTAL NUMBER OF	1 #. 4395		ortation Co., Inc.	NJD071629976	SIGNATURE-Authorized consignee ackno	Medging Waste receipt									
i	2.15 THIS AN EXCLUSIVE USE SHIPMENTY	PACKAGES IDENTIFIED	100	IPO Box 16	•	SHIPPING DATE 12	}~	41.894.1.8									
-	[X] NO	ON THIS MANIFEST			n, NJ 08098	5/44/2021	10. Certification This is to certify that the herein-named materials are acceptable for disposal, are properly classified,										
	4. DOES EPA REGULATED	[] YES EPA MANIFI	EST NUMBER	CONTACT	the company of	TELEPHONE #	described, packaged, marked, and labeled, and are in proper condition for transportation according to										
	WASTE REQUIRING A MANIFEST	[x] NO	.1	Vince Mroz	(e = - e =	856-994-5118	the applicable regulations of the Dep		on and the Comr		15						
ļ.	ACCOMPANY THIS SHIPMENT?	No. of the No.	//A	SIGNATURE -	, C., ; _ ;	DATE 12/2/	AUTHORIZED SIGNATURE	క్స్ట్రం		هوينده در الاهمام و الراد	DATE	2/					
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	Generator: Rochester Metal	Products		1.		Print name	Date										

NRC FORM 541 US NUCLEAR REGULATORY COMMISSION 1. MANIFEST TOTALS MANIFEST NUMBER SPECIAL NUCLEAR MATERIAL (grams) NUMBER OF NET WASTE NET WASTE UNIFORM LOW-LEVEL RADIOACTIVE **U-233** AL-2021-117 U-235 Рu TOTAL PACKAGES VOL mates WOHT to WASTE MANIFEST 0.038 43.1 NP CONTAINER AND WASTE DESCRIPTION PAGE 1 OF 1 PAGE(S) 1.3 4. SHIPPER NAME ACTIVITY (MBa/mCl) SOURCE ALL NUCLIDES Chase Environmental Group TRITIUM C-14 · Tc-99 L120 (kg) 1.03E+03 MBq NP. ·NP· NP. ΝP SHIPPER ID NUMBER 2.78E+01 mCi NA DISPOSAL CONTAINER DESCRIPTION WASTE DESCRIPTION FOR EACH WASTE TYPE IN CONTAINER 16: WASTE 5. CONTAINER 9. SURFACE 10, SURFACE PHYSICAL DESCRIPTION 14, CHEMICAL DESCRIPTION 15. RADIOLOGICAL DESCRIPTION CLA68 IDENTIFICATION CONTAINER WASTE AND RADIATION CONTAMINATION 11, WASTE WEIGHT 13. SORBENT INDIVIDUAL RADIONLICLIDES AND ACTIVITY (M84) AND AS-A STABLE 12. Approximat NUMBER/ DESCRIPTION VOLUME CONTAINER LEVEL. MBg/100 cm2 · · DESCRIPTOR WARTE VOLUMERS SOLIDIFICATION CHEMICAL FORM /-% CHELATING CONTAINER TOTAL: OR CONTAINER FOTAL ACTIVITY ALIA LINSTAGLI GENERATOR (See Note 1) (m3) WEIGHT X uSv/hr AGENT AND RADIONUCUDE PERCENT B-CLASS B IN CONTANES STABILIZATION CHELATING AGENT Nuclide MBq mCi NUMBER (kg) (m3) mSv/hr MEDIA (See Note 3 IF > 0.1% C-CLASS C AL-GA-W-21-155 0.038 90 <3.67E-6 <3.67E-5 36 0.038 100 Oxide/NP . . NP 43.1 Cs-137---1.03E+03 2.78E+01 NA 2191 Package total 1.03E+03 2.78E+01 NOTE 1: Container Description Codes, For containers/ .: Note 2: Waste Descriptor Codes, (Choose up to three which predominate by volume,) Note 3: For solidification media that mest disposal site structural stability requirements, the numerical code must be followed by "-S." waste reguliting disposel in approved structural overpacks, 20. Charcost For all solidification media, the vendor (manufacturer) and brend name must rise be identified in item 13. Code 100 = NONE REQUIRED. 29. Demolition Rubble , 38, Evaporator Bottoma/Sludge the numerical code must be followed by "OP ". 21. Incinerator Ash 30. Cation Ion Exchange Media Concentrates Wooden Box or Crate 22. Soli 9. Daminerelizer 31. Anion Ion Exchange Media 39. Compactible Trash Sorption ..Metal Box 10. Gas Cylinder 23. Gas. 32, Mixed Bed Ion Exchange Media 73, Dicaperi HP500 89, Other, Describe 90 Cement 40, Noncompactible Trash 60, Speed Dr 100, None . Plestic Drum or Peil 41. Animal Carcass 11, Bulk, Unpackaged Waste 24. OII 33. Conteminated Equipment 61. Celetom 67.Florco X 74. Petroset, 91. Concrete (Encapsulation) . Metal Drum or Pail 12. Unpackaged Components 25. Aqueous Liquid-"34: Organic Liquid (Except Oil) 42. Biological Material (Except 62, Floor Dryl 68. Scild A-Sorb 92. Bitumen . Metel Tank or Uner 13, High Integrity Container 26. Filter Media-1. 35. Glessware or Lebware Animal Carcass) 69. Chemell 30 : 76. Aquaset 93. Vinvi Chloride Superfine . Concrete Tank or Uner 19. Other, describe in item 6 27. Mochanical Filter 36, Sealed Source/Device 43. Activated Material 63. Hi Drl -70. Chemsil 50 . cc 77. Aquaset in a time. 9 84. Vinyl Eater Styrene . Polyethylene Tank or Uner or additional page 28. EPA or State: 37, Paint or Plating 59. Other. Describe in Item 11 64. Safe-T-Sorb 99. Other, Describe in Item 13, 8. Fiberglass Tank or Uner or Additional Page 65. Safe-N-Dri

NRC FORM 541 (5-1998)

ROSE WEST

NRC FORM 542	U	J.S. NUCLEAR REGULATORY COMMISSION							2. MANIFEST NUMBER		
	UNIFORM LOW-LEVEL RADIOACTIVE		NAME		····n Ida		SHIPPER USE ON	ILY	AL 20	04 447	
	WASTE MANIFEST	= .	IDENTIFICATION	onmental Gro	up, inc.		ł		AL-2021-117		
	WASTE MARKITEST		T-KY003-L2		*			1	3,		
	MANIFEST INDEX AND REGIONAL COMPACT TABULAT	IION	SHIPPING DATE				1		PAGE 1 OF 1 PAGE(S)		
l	List all original "PROCESSED WASTE" before "COLLECTED W	VASTE*.	5/11/2021								
4.	5.	6.	7.	В.	9,	1D.	11.	AS PROCESSED/CO	ILLECTED TOTAL		
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