



NMSSIO
NMSS



SECTION 1
PAGE 2 of 2

--	--	--	--



04/13/2021

SECTION 2

PAGE 1 of 1

527513 (Internal Control Number)

[illegible][illegible][illegible][illegible][illegible]

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

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

Y Y Y Y

Unit (e.g. mCi)

mCi

--	--	--	--	--

[illegible]

--	--	--

--	--	--	--	--

[illegible]

--	--	--

--	--	--	--	--

[illegible]

--	--	--

--	--	--	--	--

[illegible]

--	--	--

--	--	--	--	--

[illegible]

--	--	--

--	--	--	--	--

[illegible]

--	--	--





PAGE 1 of 1

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

[illegible][illegible][illegible][illegible][illegible][illegible]

YYYY

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--



GL-645035-26

04/13/2021

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)

527513

05122021

MM

DD

YYYY

Location of the Device:

- ☐ Whereabouts Unknown (Complete Part 1 only) ☐ Transferred to another general licensee (Complete Parts 2 and 3)
- ☐ Never Possessed the Device (Complete Part 1 only) ☒ Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2)
- ☐ Returned to Manufacturer (Complete Part 1 only)

Part 2

License Number of Recipient (if transferred to a specific licensee):

PA-0678

Company Name:

ALARON NUCLEAR SERVICES

Department:

Address Line 1:

2138 STATE ROUTE 18

Address Line 2:

City:

WAMPUM

State:

PA

Zip Code:

16157-9320

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

Last name:

First name:

Middle Initial:

Business Telephone
Number:

Extension:

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>)

Wayne Gibson 5/13/2021

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-645035-26

04/13/2021

SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION

SECTION 6

PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

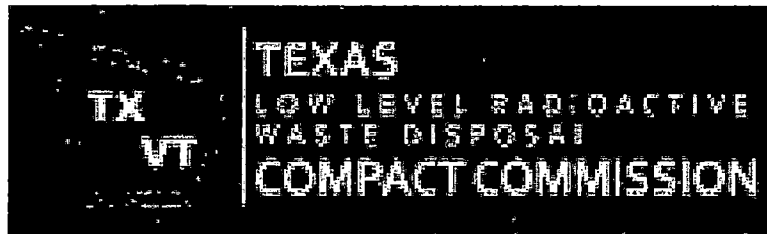
Transfer Date:

Isotope:

Activity:

Unit:





GENERATOR AUTHORIZATION

DATE: 5/12/2021

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:

Kayla Gibbons

NRC FORM 540 (5-1989)

CONSIGNEE ORIGINAL (MUST ACCOMPANY WASTE IN TRANSIT)

[illegible]

NRC FORM 542		U.S. NUCLEAR REGULATORY COMMISSION		1. WASTE COLLECTOR/PROCESSOR				2. MANIFEST NUMBER		
UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST MANIFEST INDEX AND REGIONAL COMPACT TABULATION List all original "PROCESSED WASTE" before "COLLECTED WASTE".				NAME		SHIPPER USE ONLY		AL-2021-117		
				Chase Environmental Group, Inc.						
				IDENTIFICATION NUMBER		SHIPPING DATE		3. PAGE 1 OF 1 PAGE(S)		
T-KY003-L21		5/11/2021								
4. GENERATOR IDENTIFICATION NUMBER	5. GENERATOR NAME PERMIT NUMBER AND TELEPHONE NUMBER	6. GENERATOR FACILITY ADDRESS	7. PREPROCESSED WASTE (OR MATERIAL) VOLUME (m3)	8. MANIFEST NUMBER UNDER WHICH WASTE (OR MATERIAL) RECEIVED AND DATE OF RECEIPT	9. WASTE CODE	10. ORIGINATING COMPACT OR STATE	11. AS PROCESSED/COLLECTED TOTAL			
							A. SOURCE MATERIAL (kg)	B. SNM (g)	C. ACTIVITY (MBq)	D. VOLUME (m3)
2191	Rochester Metal Products 574-223-0461	616 Indiana Ave Rochester, IN 46975	0.038	NA	C	IN	NP	NP	1.03E+03	0.038
TOTALS OF ALL PAGES (NRC FORMS 542 AND 542A)							0.00E+00	0.00E+00	1.03E+03	3.80E-02