# UNITED STATES NUCLEAR REGULATORY COMMISSION WASHINGTON, D.C. 20555-0001



January 30, 2019

TO:

Users of Devices Subject to General License Registration

SUBJECT:

ANNUAL REGISTRATION OF GENERALLY LICENSED DEVICES

The U.S. Nuclear Regulatory Commission (NRC) requires annual registration of certain devices that are possessed under the general license issued in Section 31.5 of Title 10 U.S. Code of Federal Regulations (10 CFR 31.5). Devices subject to registration include those containing the radioactive material and activity listed in Table 1 of the attached NRC Form 664. You are receiving this notice because NRC records indicate that you have one or more such devices. Information about the general license registration program is available NRC website at <a href="http://www.nrc.gov/materials/miau/miau-reg-initiatives/gen-license.html">http://www.nrc.gov/materials/miau/miau-reg-initiatives/gen-license.html</a>

Note that under 10 CFR 31.5(c)(11), the attached General Licensee Registration Package must be completed, signed, and returned to the NRC within 30 days from the date of this letter. Read all of the instructions prior to completing the package. Mail the completed package in the enclosed envelope to:

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

**Registration Fee:** Commission regulations (10 CFR 170.31, Category 3Q) require that you submit a registration fee with each registration on an annual basis. The registration fee is subject to change yearly, and you are required to submit the fee that is in effect as of the date of this letter. An invoice for the current amount due will be sent to you under separate cover. If you have any questions about the fee or the invoice, please contact the License Fee Billing Help Desk at 301-415-7554 or e-mail at fees.resource@nrc.gov.

NRC amended 10 CFR Parts 170.11 and 170.31 to provide that 10 CFR Part 170 fees be assessed to Federal agencies, where applicable, in accordance with the Energy Policy Act of 2005. Therefore, those Federal facilities required to register certain generally licensed devices in their possession will be required to pay the annual registration fee.

Attachment: NRC Form 664 -- General Licensee Registration and Instructions

Sincerely, /RA/

Donald Lowman
U.S. Nuclear Regulatory Commission
Office of Nuclear Material Safety and
Safeguards
Division of Material Safety, State, Tribal and
Rulemaking Programs
Materials Safety Licensing Branch

TO:

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Donald Lowman
U.S. Nuclear Regulatory Commission
Office of Nuclear Material Safety and
Safeguards
Division of Material Safety, State, Tribal and
Rulemaking Programs
Materials Safety Licensing Branch

Distribution: MSTR r/f

#### **MLXXXXXXXX**

| Office | NMSS       |
|--------|------------|
| Name   | D. Lowman  |
| Date   | 01/23/2019 |

OFFICIAL RECORD ONLY





NRC FORM 664

APPROVED BY OMB: NO. 3150-0198

(04 - 2018)10 CFR 31.5

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

OMB EXPIRATION DATE: 02/28/2019

#### GENERAL LICENSEE REGISTRATION

#### Estimated burden per response to comply with this mandatory collection request 20 minutes. NRC will use this information to track general licencees and their devices to ensure a higher level of device accountability. Send comments regarding burden estimate to the FOIA, Privacy, and Information Collection Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 205555-0001, or by internet e-mail to Infocollects. Resource@nrc.gov, and to the DeskOfficer, 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-721869-24 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: SEMINOLE WV MINING COMPLEX Α N Т Н Ε R С R Ε Ε Κ Ν Μ Ν G L C L MAPLE PREP PLANT Department: Address Line 1: 1345 ELK RIDGE RD Address Line 2: City: POWELLTON State: WV Zip Code: 25161 For NRC Use Only Category: (Do not write here) Packet Receipt Date (MMDDYYYY):

**Accession Number:** 





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).

| La                           | st Na   | me:    | HU   | GHE: | S, JF | ₹    |      |       |      |    |   |     |                 |          |                                       |             |          |          |           |          |           |    |  |  |  |  |
|------------------------------|---|--------|------|------|-------|------|------|-------|------|----|---|-----|-----------------|----------|---------------------------------------|-------------|----------|----------|-----------|----------|-----------|----|--|--|--|--|
| М                            | С   | С      | L    | Α    | U     | G    | Н    | E     | R    | Т  | Y |     |                 |          |                                       | ]           |          |          |           | T        | Ţ         |    |  |  |  |  |
| Fire                         | First Name: RICHARD Middle Initial: L   |        |      |      |       |      |      |       |      |    |   |     |                 |          |                                       |             | 1        |          |           |          |           |    |  |  |  |  |
| R                            | A   | N      | D    | Υ    |       |      |      |       |      |    |   |     |                 | Ī        | -                                     |             |          |          |           |          |           |    |  |  |  |  |
| Bu                           | sines   | s Tel  | epho | ne N | umb   | er:  | (304 | 4) 98 | 1-49 | 42 |   | *** | _               | F        | Exter                                 | neion       | .•       |          |           |          |           |    |  |  |  |  |
| 3                            |   |        |      |      |       |      |      |       |      |    |   |     |                 |          |                                       |             |          |          |           |          |           |    |  |  |  |  |
| Title: PLANT FOREMAN         |   |        |      |      |       |      |      |       |      |    |   |     |                 |          |                                       |             |          |          |           |          |           |    |  |  |  |  |
| R                            | Α   | D      | I    | А    | Т     | i    | 0    | N     |      | s  | А | F   | E               | Т        | Υ                                     | T           | 0        | F        | F         | 1        | С         | ER |  |  |  |  |
|                              |   |        |      |      |       |      |      |       |      |    |   |     |                 | _,,      | · · · · · · · · · · · · · · · · · · · | <del></del> |          |          |           |          |           | .l |  |  |  |  |
| En                           | Enter the mailing address where correspondence regarding your device(s) should be sent. |        |      |      |       |      |      |       |      |    |   |     |                 |          |                                       |             |          |          |           |          |           |    |  |  |  |  |
| Department: MAPLE PREP PLANT |   |        |      |      |       |      |      |       |      |    |   |     |                 |          |                                       |             |          |          |           |          |           |    |  |  |  |  |
| <u> </u>                     |   |        |      |      |       |      |      |       |      |    |   |     |                 |          |                                       |             |          | Ţ        |           |          |           |    |  |  |  |  |
| Add                          | ress  | Line   | 1:   | 1345 | ELM   | (RIE | DGE  | RD    |      |    |   |     | -101            | -1/      | -,I <sub>m</sub>                      | <u> </u>    | _!       | J        |           | <u> </u> | <u></u> ; |    |  |  |  |  |
| 2                            | 5   | 0      |      | w    | Е     | S    | Т    |       | М    | Α  | 1 | N   |                 | s        | Т                                     |             |          |          |           |          |           |    |  |  |  |  |
| Add                          | ress  | Line : | 2:   |      |       |      |      | l•    |      |    |   | .i  | L <sub>.,</sub> | <u> </u> | !                                     | <u> </u>    | <u> </u> |          | <u> </u>  |          |           |    |  |  |  |  |
| s                            | U   | ı      | Т    | E    |       | 2    | 0    | 0     | 0    |    |   |     | J               |          | ]                                     |             |          |          |           |          | -         |    |  |  |  |  |
| City                         |   |        |      | POW  | ELL.  | TON  | I    |       |      |    | L | l   | <u> </u>        | <u> </u> | i <u></u>                             |             | <u> </u> | ļ        | <u></u> i |          |           |    |  |  |  |  |
| L                            | Е   | Х      | ı    | N    | G     | Т    | 0    | N     |      |    |   |     |                 |          |                                       |             |          |          |           |          |           |    |  |  |  |  |
| S                            | 10.   | , Γ    |      |      |       |      |      |       |      |    |   |     |                 |          |                                       |             | L        | <u> </u> | 1         |          |           |    |  |  |  |  |
| otate                        | : W   | v [    | K    | Υ    | Ziį   | o Co | de:  | 2516  | 1    |    |   |     | 4               | 0        | 5                                     | 0           | 7        | -        |           |          |           |    |  |  |  |  |
|                              |   |        |      |      |       |      |      |       |      |    |   |     |                 |          |                                       |             |          |          |           |          |           |    |  |  |  |  |





### SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 1 of 3

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

| NRC Device Key                  | 764841    | (Internal Control Number) | PAGE 1 of 3                   |
|---------------------------------|-----------|---------------------------|-------------------------------|
| Distributor/Dustributed By: T   | hermo Pro | cess Instruments, L.P     |                               |
|                                 |           |                           |                               |
| Distributor License Number: L   | 03524     |                           |                               |
|                                 |           |                           |                               |
| Manufacturer name: THER         | MO MEAS   | JRETECH                   |                               |
|                                 |           |                           |                               |
| Device Model (Not Source Mode   | l): 5201  |                           |                               |
|                                 |           |                           |                               |
| Device Serial Number: B4708     | 3         |                           |                               |
|                                 |           |                           |                               |
| Transfer Date: 04/26/2007       |           |                           |                               |
|                                 | 2 0       | ☐ Not                     | in possession of device (Also |
|                                 |           | Com                       | plete Section 4.)             |
|                                 | Υ         |                           |                               |
| Isotope (e.g. AM241)<br>1 CS137 |           | tivity (e.g. 1005)        | Unit (e.g. mCi)               |
| . 63197                         | 10        |                           | mCi                           |
| 2                               | L,        |                           |                               |
|                                 |           |                           |                               |
| 3                               | <u></u>   |                           |                               |
|                                 |           |                           |                               |
| 4                               | <u></u>   |                           |                               |
|                                 |           |                           |                               |
| 5                               |           |                           |                               |
|                                 |           |                           |                               |
|                                 |           |                           |                               |
|                                 |           |                           |                               |





01/28/2019

### SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

Our records indicate that you have these devices. Please updtae the information as necessary. PAGE 2 of 3 **NRC Device Key** 764842 (Internal Control Number) Distributor/Dustributed By: Thermo Process Instruments, L.P. Distributor License Number: L03524 Manufacturer name: THERMO MEASURETECH Device Model (Not Source Model): 5201 Device Serial Number: B4709 Transfer Date: 04/26/2007 0 4 2 4 2 Not in possession of device (Also 0 2 0 complete Section 4.) MM DD YYYY Isotope (e.g. AM241) Activity (e.g. 1005) Unit (e.g. mCi) 1 CS137 100 mCi 2 3 4 5 6





01/28/2019

**NRC Device Key** 

# SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 3 of 3

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

| NRC Device Key                | 764843                                | (Internal Control Number)                              | . 0 01 |
|-------------------------------|---------------------------------------|--|--------|
| Distributor/Dustributed By:   | Thermo Pro                            | cess Instruments, L.P                                  |        |
|                               |                                       |  |        |
| Distributor License Number:   | L03524                                |  |        |
|                               |                                       |  |        |
| Manufacturer name: THE        | ERMO MEAS                             | URETECH  |        |
|                               |                                       |  |        |
| Device Model (Not Source Mo   | dal): 5004                            |  |        |
| Jovice Model (Not Source Mo   | uer): 5201                            |  |        |
|                               |                                       |  |        |
| Device Serial Number: B47     | 10                                    |  |        |
|                               |                                       |  |        |
| Fransfer Date: 04/26/2007     |                                       |  |        |
| 0 4 2 4 2 0                   | 2 0                                   | Not in possession of device (Also complete Section 4.) |        |
| MM DD Y                       | ΥΥ                                    | complete Section 4.)                                   |        |
|                               | · · · · · · · · · · · · · · · · · · · |  |        |
| Isotope (e.g. AM241)<br>CS137 |                                       | ctivity (e.g. 1005) Unit (e.g. mC                      | i)     |
|                               |                                       | mCi  | 1      |
|                               |                                       |  |        |
|                               |                                       |  | i      |
|                               |                                       |  |        |
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|                               | <u>L_</u>                             |  | !      |
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|                               | <u></u>                               |  |        |
|                               |                                       |  |        |





### SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

SECTION 3 PAGE 1 of 1

| Provid<br>Manuf | de inforr<br>acturer l | nation al<br>Name | bout   | othe  | r de          | vices        | you     | have    | that     | are s  | subje   | ct to                                 | regis  | trati    | on. D       | o no      | t rep         | ort sp   | ecif   | ically   | lice    | nsed             | ⊏ ≀<br>devi | ces.    |
|-----------------|------------------------|-------------------|--------|---|---------------|--------------|---------|---------|----------|--------|---------|---------------------------------------|--|----------|-------------|-----------|---------------|--|--|----------|---------|------------------|-------------|---------|
|                 |                        |                   |        |   |               |              |         |         |          |        |         |                                       |  | <u> </u> |             |           |               | <del>                                     </del> |  | <u> </u> |         | 1                | !           | _       |
| Initial 7       | Transfer               | or Name           | ·<br>} | I   | -I            |              | J       |         | <u> </u> |        | <u></u> | <u> </u>                              |  | <u></u>  |             | <u>L</u>  | <u> </u>      |  | <u></u>  |          |         | ļ. <u></u>       | <u></u>     |         |
|                 |                        |                   |        |   |               |              |         |         |          |        |         |                                       |  |          |             |           | _             | <u> </u>   |  |          |         |                  |             |         |
| Initial T       | Transfer               | or Licens         | se Nu  | ımbe  | er (i         | f kno        | wn)     | <b></b> | ·        |        |         | 1                                     | <u>                                     </u> |          | I           | <u> </u>  | <u> </u>      | <u>L</u>   | <u> </u>   | <u> </u> |         |                  | <u> </u>    |         |
|                 |                        |                   |        |   |               |              |         |         |          | ]      |         |                                       |  |          |             |           |               |  |  |          |         |                  |             |         |
| Device          | Model i                | Number            | (Not   | Sou   | rce i         | Mode         | el)<br> | 1       |          | ı      |         | · · · · · · · · · · · · · · · · · · · |  |          |             |           |               |  |  |          |         |                  |             |         |
|                 |                        |                   |        |   |               |              |         |         |          |        |         |                                       |  |          |             | <u>.</u>  |               |  |  |          |         |                  |             |         |
| Device          | Serial N               | lumber            |        |   |               | I            |         |         |          | - I    |         |                                       |  |          |             | <u> </u>  |               |  |  |          |         |                  |             |         |
|                 |                        |                   |        |   |               |              |         |         |          |        |         |                                       |  |          |             |           |               |  |  |          |         |                  |             |         |
| from a c        | quired a               | or/manui          | factu  | rer.  |               |              |         |         |          |        |         | or lis                                |  |          | e<br>erred: |           | $\overline{}$ |  | 丁  | $\neg$   |         | T                | ſ           | T       |
| other lic       | ensee, (               | other so          | urce)  | !   |               | Othe<br>Othe |         |         |          | ensee  | 9       | Dat                                   | <del>C</del> 118                             | arisie   | errea:      | L         | _<br>VIM      | [_   | DD   | ]        | <u></u> | <u> </u><br>YYYY | <u></u>     | <u></u> |
|                 | Isotop                 | e (e.g. A         | \M24   | 1)  |               |              |         | Activ   |          | e.g. 1 | 100)    |                                       |  |          |             | •         | V.11V1        |  |  |          |         | Unit             |             | mC      |
| 1.              |                        |                   |        |   |               |              |         |         |          |        |         |                                       |  |          |             |           |               |  |  |          |         | OTIL             | (e.g        |         |
| 2.              |                        |                   |        |   | 1             |              |         |         |          |        | ·       |                                       |  |          |             | · · · · · |               |  | <del>                                     </del> | _<br>]   |         |                  |             |         |
| 3.              |                        |                   |        |   |               |              |         |         |          |        |         | l                                     |  | <br>     |             | <u> </u>  | <u> </u>      | <u> </u>   |  | _<br>    |         |                  |             |         |
| 4.              |                        |                   | <br>   | <br>T   | _             |              | [       |         |          |        |         |                                       |  | <u> </u> | <u> </u>    |           |               | <u>                                      </u>    |  | _        |         |                  |             |         |
|                 |                        |                   |        | <u>                                      </u> | _ <br>        |              | [       |         |          |        |         |                                       |  |          |             |           |               |  |  |          |         |                  | į           |         |
| 5.              |                        |                   |        | <u> </u>                                      |               |              |         |         |          |        |         |                                       |  |          |             |           |               | i  |  |          | İ       |                  |             |         |
| 6.              |                        |                   |        | _   |               |              |         |         |          |        |         |                                       |  |          |             |           |               |  |  | 7        |         |                  |             |         |
| 7.              |                        |                   |        |   |               |              |         |         |          |        |         |                                       |  |          |             |           |               |  |  | ]        | ĺ       | <u>-</u> -       |             |         |
| 3.              |                        |                   |        |   |               |              | Γ       |         |          |        |         |                                       |  |          |             |           |               |  | <u> </u>   | ]        | ļ<br>]  |                  |             |         |
| <b>)</b> .      |                        |                   |        |   | <u>ا</u><br>ا |              |         | L       |          |        |         |                                       |  |          |             |           |               |  |  | ]        | Į       |                  |             |         |
|                 |                        |                   |        | <u> </u>                                      |               |              | L       |         |          |        |         |                                       |  |          |             |           |               |  |  |          |         |                  |             |         |
| 10.             |                        |                   |        |   |               |              |         |         |          |        |         |                                       |  |          |             |           |               |  |  |          |         |                  |             |         |





GL-72 1009-7

01/28/2019

#### SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4
PAGE 1 of 1

| Prov            | rovide information about devices listed in Section 2 or 6, but no longer in your possession. |             |             |             |                  |          |          |   |             |          |               |          |          |          |            | PAGE 1 of 1 |             |             |              |          |           |          |             |               |               |
|-----------------|--|-------------|-------------|-------------|------------------|----------|----------|---|-------------|----------|---------------|----------|----------|----------|------------|-------------|-------------|-------------|--------------|----------|-----------|----------|-------------|---------------|---------------|
| Part            |  |             |             |             |                  |          |          |   |             |          |               |          |          |          | Date       |             |             |             |              |          |           |          |             |               |               |
| NRC Device Key: |  |             |             |             |                  |          |          |   |             |          |               |          |          |          |            |             |             |             |              |          |           | 7        |             |               |               |
| (fron           | n Se   | ction :     | 2 or 6      | , L         |                  |          |          |   |             |          |               |          | L        |          | J <u> </u> |             |             |             |              |          | Ĺ <u></u> | j        |             |               |               |
| Loca            | tion   | of the      | Devi        | ce:         |                  |          |          |   |             |          |               |          | M        | M        |            | DD          |             |             | YYY          | Υ        |           |          |             |               |               |
| 0               | Wh   | ereab       | outs L      | Inknov      | wn (C            | ompl     | lete F   | art '   | 1 only      | y)       |               | 0        | Trans    | ferre    | d to a     | anotl       | ner a       | ener        | al lice      | nsee     | · (Co     | mnle     | to P        | arte 2        | and 3)        |
| 0               | O Nevel Possessed the Device (Complete Part 1 only)  |             |             |             |                  |          |          |   |             |          |               |          |          |          | d to :     | a Sp        | ecific      | Lice        | nsee         | (Not     | the       | manı     | ufact       | urer)         | anu s)        |
| - 0             |  |             |             |             |                  |          |          |   |             |          |               |          | (Com     | piete    | Part       | (2)         |             |             |              |          |           |          |             | ·             |               |
| Par             | t 2  | Lic         | ense        | Numl        | per of           | Rec      | ipien    | t (if   | trans       | ferre    | d to          | a spe    | ecific   | licer    | see)       | :           |             |             |              |          |           |          |             |               |               |
|                 |  |             | Ì           |             |                  |          |          |   |             |          |               |          |          |          |            |             |             |             |              |          |           |          |             |               |               |
| Com             | pany   | / Nan       | ne:         |             |                  |          |          |   |             |          | <u> </u>      |          |          |          |            |             |             |             |              |          |           |          |             |               |               |
|                 |  | "           |             |             | 7                | 7        | <u> </u> | 7   |             | T        |               |          |          |          | 7          |             | <del></del> | <del></del> | 1            |          | η         |          |             | <del></del> - | <del></del> 1 |
|                 |  | <u> </u>    |             |             |                  | <u> </u> |          | Щ,  |             |          |               |          |          | <u> </u> |            |             |             |             |              |          | <u> </u>  |          |             |               |               |
| Depa            | aπme   | ent:<br>r—r |             |             |                  |          |          | ,   | ··· ,       |          |               |          |          |          |            |             |             |             |              |          |           |          |             |               |               |
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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.
- I am aware of the requirements of the general license, provided in 10 CFR 31.5.
   (Copied 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

-1-2021

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. 10 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: