



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. Nuclea 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 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.

General License Registration Number

GL-705530-26

SECTION 1 - GENERAL LICENSEE INFORMATION

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:	DCP M	IDSTREA	λM														
Department:	OPERA	ATIONS						•	•		•			•			
Address Line 1:	2510 B	USHA HI	GHW	٩Y													
Address Line 2:																	
City:	MARYS	SVILLE															
State: MI		Zip	Code	: 48	3040 ⁻	1904	ļ					- {					
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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: COMPEAN First Name: VINCENT Middle Initial: G Business Telephone Number: (432) 312-2224 Extension: **Business E-mail Address:** Title: SR SAFETY / PSM COORDINATOR Enter the mailing address where correspondence regarding your device(s) should be sent. Department: **ADMINISTRATION** Address Line 1: 2510 BUSHA HIGHWAY Address Line 2: City: **MARYSVILLE** Zip Code: 480401904 State: MI





SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 1 of 14

NI	RC Device Key 59	1316 (Internal Control Numbe	г)
Dis	tributor/Distributed By: KAY-RA	Y/SENSALL, INC.	
∟ Dis	tributor License Number: IL-010	110-02	
Ma	nufacturer name: KAY-RAY/S	SENSALL, INC.	
Dev	vice Model (Not Source Model): 7	7062BP	
∟ De≀	vice Serial Number: S99G0102	2	
∟ Tra	nsfer Date: 08/15/1999		
a	11131c1 Date: 00/10/1000	\neg	Not in possession of device (Also
			complete Section 4.)
N	MM DD YYYY	•	
	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	CS137	100	mCi
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NRC Device Key

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 2 of 14

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

591317 (Internal Control Number)

Dis	tribute	or/Dis	stribu	ited E	Зу:	KΑ	Y-RA	XY/S	ENS	ALL,	INC	•		,	·								
Dis	tribut	or Lic	ense	Nur	nber	:	L-010)10-()2		•	-1-	•	•	•	•	1	<u> </u>					
Ma	nufac	turer	nam	e:	K	AY-I	RAY/	SEN	SALI	L, IN	 С.		l										
De	/ice M	/lodel	(Not	t Sou	ırce İ	Mode	el):	7062	BP		-												
De	rice S	Serial	Num	ber:	9	3990	3010	3		-			•	•		•	•		*	•			•
P	ЛМ		DD			YY	YY								,		A	com	plete	Secti	on 4.)	r devic	ce (Also
	Isot	ope (e.g. /	AM2	41)				Acti	vity (e.g.	1005)									ı	Unit (e.g. mCi)
1	CS1	137							100)		Τ	<u> </u>	Τ	Τ			<u> </u>]	ĺ	mCi
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 3 of 14

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

NRC Device Key 591318 (Internal Control Number)

Dist	ributo	or/Dis	stribu	uted	Ву:	KΑ	Y-RA	AY/S	ENS	ALL,	INC	•											
	<u>.</u>																						
Dist	ributo	r Lic	ense	e Nui	nber	:]	L-010)10-()2													•	
				•					-														
Maı	nufact	urer	nam	ne:	K	AY-I	RAY/	SEN	SALI	L, IN	C.												
Dev	ice M	lodel	l (No	t Sou	ırce l	Mode	=l):	7062	BP									•		•		•	
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Dev	ice S	erial	Nun	nber:		990	90104	1			1		<u> </u>	1	1	 1	l	·	1		<u> </u>	J	
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Trai	nsfer I	Date): (08/15	5/199	9			<u> </u>				1	<u> </u>			!		ļ		<u> </u>		
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Λ 1	Isoto	pe (AM2	41)	ΥΥ	YY				 e.g.	1005	···			Τ	COM	piere				Unit (e.g. mCi)	·
		pe (AM2	41)	YY .	YY		Activ		e.g.	1005	(i)			<i>T</i>	com	piete				Unit (e.g. mCi)	-
	Isoto	pe (AM2	41)	YY	YY				e.g.	1005	5)			T	com	piete					
1	Isoto	pe (AM2	41)	<u> </u>	YY				e.g.	1005) 			T	com	piere]			·
1	Isoto	pe (AM2	41)	YY	YY				e.g.	1005	(i)			T	com	piete]			
11 22 33	Isoto	pe (AM2	41)	YY**]]	YY				e.g.	1005					com	piete					
1	Isoto	pe (AM2	41)		YY				e.g.	1005				T	COM	piete					
1 2 3	Isoto	pe (AM2	41)	YY'	YY				e.g.	1005						piete					,
11 22 33	Isoto	pe (AM2	41)		YY				e.g.	1005					com	piete					
1 2 3	Isoto	pe (AM2	41)		YY				e.g.	1005					COM	piete					





NRC Device Key

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 4 of 14

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

591333 (Internal Control Number)

Dis	tributo	or/Dis	tribu	ited E	Зу:	KA	Y-RA	XY/S	ENS	ALL,	INC				,								
Dis	tributo	or Lic	ense	Nur	nber	:	L-010)10-()2			•					•			•	•		'
Ma	nufac	turer	nam	e:	K	AY-I	RAY/	SEN	SALI	_, IN	C.		J										
Dev	/ice N	lodel	(Not	Sou	ırce l	Mode	el):	7063	P	•					.							1	1
Dev	vice S	erial	Num	ber:		398F	0503	3			1	1	1	J		1		L			<u> </u>	-1	J
Tra	nsfer	Date	: ()5/15	· 5/199	88	<u>,I</u>	1	1			1		<u> </u>	l	<u> </u>	<u> </u>	<u> </u>	1	1	1		J
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	Isot	ope (e.g.	AM2	41)				Activ	vity (e.g.	1005)										Unit (e.g. mCi)
1	CS1	137				7			500	·	1	1					· · · · · · · · · · · · · · · · · · ·						mCi
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 5 of 14

NRC Device Key 591	336 (Internal Control Number)	
Distributor/Distributed By: KAY-RAY	Y/SENSALL, INC.	
Distributor License Number: IL-0101	10-02	
Manufacturer name: KAY-RAY/SI	ENSALL, INC.	
Device Model (Not Source Model): 70	D63P	
Device Serial Number: S98M2904		
Transfer Date: 11/15/1998		
	Not in possession complete Section	1 of device (Also 4.)
MM DD YYYY		
Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1 CS137	200	mCi
2		
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 6 of 14

N	RC Device Key	591337	(Internal Control Number)
Dis	stributor/Distributed By:	KAY-RAY/SEI	NSALL, INC.
Dis	stributor License Number:	IL-01010-02	2
Ma	nufacturer name: K	AY-RAY/SENS	SALL, INC.
De	vice Model (Not Source N	/lodel): 7063P)
De	vice Serial Number: S	98M2905	
Tra	nsfer Date: 11/15/1998		
	1710/1990		Not in possession of device (Also complete Section 4.)
L		\	🗴 complete Section 4.)
ļ	MM DD	YYYY	
	Isotope (e.g. AM241)	Α	Activity (e.g. 1005) Unit (e.g. mCi)
1	CS137	2	200 mCi
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 7 of 14

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

NRC Device Key 591338 (Internal Control Number) Distributor/Distributed By: KAY-RAY/SENSALL, INC. Distributor License Number: IL-01010-02 KAY-RAY/SENSALL, INC. Manufacturer name: Device Model (Not Source Model): 7063P Device Serial Number: S98M2906 Transfer Date: 11/15/1998 Not in possession of device (Also complete Section 4.) MM DD YYYY Unit (e.g. mCi) Isotope (e.g. AM241) Activity (e.g. 1005) 1 CS137 200 mCi 2 3 5 6





SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 8 of 14

NRC Device Key	591339	(Internal Con	trol Number)				
Distributor/Distributed By:	KAY-RAY/SEN	ISALL, INC.					
Distributor License Number:	IL-01010-02		<u> </u>	<u> </u>			
			7				
Manufacturer name: K	AY-RAY/SENSA	ALL, INC.	_				
					_		
Device Model (Not Source N	/lodal): 7063D						
Device Model (Not Source N	7063P		1 1				\neg
		.					
Device Serial Number: S	98M2907					- 	_
Fransfer Date: 11/15/1998	8						·
				X :	Not in posse	ession of de ection 4.)	vice (Also
MM DD	YYYY			•		,	
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Isotope (e.g. AM241) CS137		ctivity (e.g. 100	o)				Unit (e.g. mCi)
C3137		00			·		mCi
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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 9 of 14

N	RC Device Key	667440	(Internal Co	ontrol Num	ber)			
Dis	tributor/Distributed By:	KAY-RAY/SE	NSALL, INC.					
Dis	tributor License Number:	IL-01010-02	2			- 		
Ma	nufacturer name: K	AY-RAY/SENS	ALL, INC.					
De	vice Model (Not Source N	/lodel): 7062B	P	, <u>, , , , , , , , , , , , , , , , , , </u>	-			
De	vice Serial Number: S	00C1301	<u> </u>		-	. l	<u> </u>	
∟ Tra	insfer Date: 03/16/200	n					 	
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	MM DD	YYYY						
	Isotope (e.g. AM241)	A	Activity (e.g. 10	005)				Unit (e.g. mCi)
1	CS137	<i>.</i> ۲ ا	100		<u> </u>		Γ	mCi
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 10 of 14

NF	RC Devi	ce Ke	у			66	7442	2 (1	nter	nal (Cont	rol N	lum	ber)								
Dist	ributor/[Distrib	uted I	Зу:	KA	Y-RA	Y/SE	ENSA	۹LL,	INC												
Dist	ributor L	icens	e Nur	nber:	: 11	010	010-0	2		<u></u>			-1							الــــــــــــــــــــــــــــــــــــ		
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L Mar	_lL_ nufactur	er nan	 ne:							<u> </u>	<u> </u>]										
													Τ	Τ								
Dev	rice Mod	lel (No	t Sou	ırce N	/lode	el): 7	7063I	P		<u> </u>			<u> </u>	.		1						
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Dev	rice Seri	al Nur	nber:	5	S00D	2703	11 3		l		1	1				<u>i</u>	<u> </u>	L				
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	Isotope	e (e.g.	AM2	41)			,	Activ	∕ity (e.g.	1005)									Į	Jnit (e.g. mCi)
1	CS137							200			_									_	ı	mCi
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 11 of 14

NF	C De	vice	Key			66	7443	i (I	nteri	nal C	Cont	rol N	lumb	er)									
Dist	ributo	r/Dist	tribute	d By:	KA	Y-RA	Y/SE	ENSA	ALL,	INC													
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Dev	ice Mo	odel	(Not S	ource	Mode	∍l): 7	7062	BP															
Dev	ice Se	erial I	Numbe	er: l	B79						-						•	•		•			
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	Isoto	pe (e	e.g. AN	Л241)				Activ	∕ity (€	e.g.	1005	()									ı	Unit (e.g.	mCi)
1	CS13	37						100														mCi	
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 12 of 14

Manufacturer name: THERMO MEASURETECH Device Model (Not Source Model): 5202 Device Serial Number: B2798 Transfer Date: 12/15/2004 MM DD YYYY Isotope (e.g. AM241) Activity (e.g. 1005) Unit (e.g. mCl) 1 CS137 200 mCl	Distributor License Number: L03524 Manufacturer name: THERMO MEASURETECH Device Model (Not Source Model): 5202 Device Serial Number: B2798 Transfer Date: 12/15/2004 MM DD YYYY Isotope (e.g. AM241) Activity (e.g. 1005) Unit (e.g. mCi) 1 CS137 200 mCi	N	RC Device Key 72	2825 (Internal Control Number)	
Manufacturer name: THERMO MEASURETECH Device Model (Not Source Model): 5202 Device Serial Number: B2798 Transfer Date: 12/15/2004 MM DD YYYY Isotope (e.g. AM241) Activity (e.g. 1005) Unit (e.g. mCi) 1 CS137 200 mCl	Manufacturer name: THERMO MEASURETECH Device Model (Not Source Model): 5202 Device Serial Number: B2798 Transfer Date: 12/15/2004 MM DD YYYY Isotope (e.g. AM241) Activity (e.g. 1005) Unit (e.g. mCi) 1 CS137 200 mCi	Dis	stributor/Distributed By: Thermo	Process Instruments, L.P	
Manufacturer name: THERMO MEASURETECH Device Model (Not Source Model): 5202 Device Serial Number: B2798 Transfer Date: 12/15/2004 MM DD YYYY Isotope (e.g. AM241) Activity (e.g. 1005) Unit (e.g. mCi) 1 CS137 200 mCi	Manufacturer name: THERMO MEASURETECH Device Model (Not Source Model): 5202 Device Serial Number: B2798 Transfer Date: 12/15/2004 MM DD YYYY Isotope (e.g. AM241) Activity (e.g. 1005) Unit (e.g. mCi) 1 CS137 200 mCi				
Manufacturer name: THERMO MEASURETECH Device Model (Not Source Model): 5202 Device Serial Number: B2798 Transfer Date: 12/15/2004 MM DD YYYY Isotope (e.g. AM241) Activity (e.g. 1005) Unit (e.g. mCi) 1 CS137 200 mCi	Manufacturer name: THERMO MEASURETECH Device Model (Not Source Model): 5202 Device Serial Number: B2798 Transfer Date: 12/15/2004 MM DD YYYY Isotope (e.g. AM241) Activity (e.g. 1005) Unit (e.g. mCi) 1 CS137 200 mCi	Dis	stributor License Number: L0352	24	
Device Model (Not Source Model): 5202 Device Serial Number: B2798	Device Model (Not Source Model): 5202 Device Serial Number: B2798				
Device Model (Not Source Model): 5202 Device Serial Number: B2798	Device Model (Not Source Model): 5202 Device Serial Number: B2798	L_	inufacturar name: TUERMON	MEASURETECH	
Device Serial Number: B2798	Device Serial Number: B2798	IVIA	Indiacture: name. THERINO!	MEASURETECH	·
Device Serial Number: B2798	Device Serial Number: B2798				
Transfer Date: 12/15/2004 MM DD YYYY Isotope (e.g. AM241) Activity (e.g. 1005) Unit (e.g. mCi) CS137 200 mCi	Transfer Date: 12/15/2004 Not in possession of device (Also complete Section 4.) MM DD YYYY Isotope (e.g. AM241) Activity (e.g. 1005) Unit (e.g. mCi) CS137 200 mCi	De	vice Model (Not Source Model): 5	5202	
Transfer Date: 12/15/2004 Not in possession of device (Also complete Section 4.) MM DD YYYY Isotope (e.g. AM241) Activity (e.g. 1005) Unit (e.g. mCi) CS137 200 mCi	Transfer Date: 12/15/2004 Not in possession of device (Also complete Section 4.) MM DD YYYY Isotope (e.g. AM241) Activity (e.g. 1005) Unit (e.g. mCi) CS137 200 mCi				
Not in possession of device (Also complete Section 4.) MM DD YYYY Isotope (e.g. AM241) Activity (e.g. 1005) Unit (e.g. mCi) CS137 200 mCi CS137 31 31 31 31 31 31 31 31 31 31 31 31 31	Not in possession of device (Also complete Section 4.) MM DD YYYY Isotope (e.g. AM241) Activity (e.g. 1005) Unit (e.g. mCi) CS137 200 mCi CS137 31 31 31 31 31 31 31 31 31 31 31 31 31	De	vice Serial Number: B2798		
Not in possession of device (Also complete Section 4.) MM DD YYYY Isotope (e.g. AM241) Activity (e.g. 1005) Unit (e.g. mCi) CS137 200 mCi CS137 31 31 31 31 31 31 31 31 31 31 31 31 31	Not in possession of device (Also complete Section 4.) MM DD YYYY Isotope (e.g. AM241) Activity (e.g. 1005) Unit (e.g. mCi) CS137 200 mCi CS137 31 31 31 31 31 31 31 31 31 31 31 31 31				
Not in possession of device (Also complete Section 4.) MM DD YYYY Isotope (e.g. AM241) Activity (e.g. 1005) Unit (e.g. mCi) CS137 200 mCi 200 mCi	Not in possession of device (Also complete Section 4.) MM DD YYYY Isotope (e.g. AM241) Activity (e.g. 1005) Unit (e.g. mCi) CS137 200 mCi CS137 300 mCi	L_			
MM DD YYYY Isotope (e.g. AM241)	MM DD YYYY Isotope (e.g. AM241)	Tra	nsfer Date: 12/15/2004	· .	
Isotope (e.g. AM241) Activity (e.g. 1005) Unit (e.g. mCi)	Isotope (e.g. AM241) Activity (e.g. 1005) Unit (e.g. mCi)			Not in posse complete Se	ssion of device (Also ction 4.)
1 CS137 200 mCi	1 CS137 200 mCi	î	MM DD YYYY		
1 CS137 200 mCi	1 CS137 200 mCi		Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.a. mCi)
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 13 of 14

N	RC Device Key	730961	(Internal Control Number)	
Dis	tributor/Distributed By:	Thermo Proce	ess Instruments, L.P	
Dis	tributor License Number:	L03524		,t
∟ Ma	nufacturer name: Th	HERMO MEAS	URETECH	
De	vice Model (Not Source M	lodel): 7062B	P	
				1
De	vice Serial Number: S	97G0801		
L	nsfer Date: 05/25/2004	_ <u>_ </u>		
	nsfer Date: 05/25/2004	•	Not in possession of device (Als	iO
			complete Section 4.)	
<u> </u>	MM DD	YYYY		
	Isotope (e.g. AM241)	А	activity (e.g. 1005) Unit (e.g. mCi)
1	CS137	5	50 mCi	
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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2 PAGE 14 of 14

NF	RC Device Key	730962	(Internal Cor	trol Number)		
Dis	tributor/Distributed By:	Thermo Proce	ss Instruments	, L.P		
Dis	tributor License Number:	L03524				
Ma	nufacturer name: Th	HERMO MEAS	JRETECH			
L Dev	vice Model (Not Source M		<u> </u>	-11	1 1 1	
L Dev	vice Serial Number: S	98F2509				
 	(D) 05/05/000					
Ira	nsfer Date: 05/25/2004	1			►/Not in posses	ssion of device (Also
					Complete Sec	tion 4.)
	MM DD	YYYY		Instruments, L.P RETECH Wity (e.g. 1005) Unit (e.g. mCi) mCi		
	Isotope (e.g. AM241)	А	ctivity (e.g. 100	05)		Unit (e.g. mCi)
1	CS137	5	0			mCi
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6				<u> </u>		





SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4 PAGE 1 of 1

Part 1	Transfer Date:											
NRC Device Key: 5 9 1 3 1 6	01122021											
O Never Possessed the Device (Complete Part 1 only)	MM DD YYYY O Transferred to another general licensee (Complete Parts 2 and 3) Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2)											
O Returned to Manufacturer (Complete Part 1 only) Part 2 License Number of Recipient (if transferred to a second content of the content of t												
NJD071629976												
Company Name:	. .											
ALARON CORPOR	ATION											
Department:												
Address Line 1:												
2138 STATE RO	UTE 18											
Address Line 2:												
City:												
WAUPUM												
State: P A Zip Code: 1 6 1 5 7	- 1											
Part 3 Enter the name of the individual respo	onsibe for this device:											
Last name:												
First name:	Middle Initial:											
Business Telephone												
Number:	Extension:											
Title:	· · · · · · · · · · · · · · · · · · ·											





SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4 PAGE 1 of 1

Part 1	Transfer Date:	
NRC Device Key: 5 9 1	317 011	22021
(from Section 2 or 6)	MM D	D YYYY
Location of the Device:	_	
O Whereabouts Unknown (Complete Part	only) O Transferred to an	other general licensee (Complete Parts 2 and 3)
O Never Possessed the Device (Complete	Part 1 only) X Transferred to a S	Specific Licensee (Not the manufacturer)
O Returned to Manufacturer (Complete Pa	rt 1 only) (Complete Part 2)
Part 2 License Number of Recipient (if	transferred to a specific licensee):	
NJD071629	176	•
Company Name:		
ALARON CO	2PORATIO	N
Department:		
Address Line 1:	<u>.</u>	
		· · · · · · · · · · · · · · · · · · ·
2138 STA76	ROUTE	18
Address Line 2:		
City:		
WAUPUM		
State: PA Zip Code:	3157-	
Part 3 Enter the name of the in		
Last name:	dividual responsibe for this de	vice:
First name:		Middle Initial:
Business Telephone Number:		Extension:
Title:		





SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4
PAGE 1 of 1

Part 1	Transfer Date:
NRC Device Key: 591318	01122021
(from Section 2 or 6)	MM DD YYYY
Location of the Device:	1111
	, Transferred to another general licensee (Complete Parts 2 and 3)
1	Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2)
O Returned to Manufacturer (Complete Part 1 only)	(Complete Fait 2)
Part 2 License Number of Recipient (if transferred to a sp	pecific licensee):
MJD 071629976	
Company Name:	
ALARON CORPORA	-TIDN
Department:	
Address Line 1:	
2138 STATE ROL	ITE 18
Address Line 2:	
City:	
State: P A Zip Code: 1 6 15 7	- [
Part 3 Enter the name of the individual respon	sibe for this device:
Last name:	
First name:	Middle Initial:
	Whodie Initial.
Business Telephone	Extension:
Number:	
Title:	





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: O Whereabouts Unknown (Complete Part 1 only) O Transferred to another general licensee (Complete Parts 2 and 3) O Never Possessed the Device (Complete Part 1 only) Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2) O Returned to Manufacturer (Complete Part 1 only) Part 2 License Number of Recipient (if transferred to a specific licensee): Company Name: Department: Address Line 1: 8 TE 8 Address Line 2: City: Zip Code: State: Part 3 Enter the name of the individual responsibe for this device: Last name: First name: Middle Initial: **Business Telephone** Extension: Number: Title:





Title:

SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4
PAGE 1 of 1

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: O Whereabouts Unknown (Complete Part 1 only) O Transferred to another general licensee (Complete Parts 2 and 3) Transferred to a Specific Licensee (Not the manufacturer) O Never Possessed the Device (Complete Part 1 only) (Complete Part 2) O Returned to Manufacturer (Complete Part 1 only) Part 2 License Number of Recipient (if transferred to a specific licensee): Company Name: Department: Address Line 1: 8 8 Address Line 2: City: Zip Code: State: Part 3 Enter the name of the individual responsibe for this device: Last name: First name: Middle Initial: **Business Telephone** Extension: Number:





SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4 PAGE 1 of 1

Part 1	Transfer Date:										
NRC Device Key: 5 9 1 3 3 7	01122021										
(from Section 2 or 6)											
Location of the Device:	MM DD YYYY .										
O Whereabouts Unknown (Complete Part 1 only)	Transferred to another general licensee (Complete Parts 2 and 3)										
	(Transferred to a Specific Licensee (Not the manufacturer)										
O Returned to Manufacturer (Complete Part 1 only)	(Complete Part 2)										
Part 2 License Number of Recipient (if transferred to a sp	pecific licensee):										
NJD Ø71629976											
Company Name:											
ALARON CORPORA	+TION										
Department:											
Address Line 1:											
2138 STATE ROL	17E 18										
Address Line 2:	1 (
Address Line 2.											
City:											
WAUPUM											
State: PA Zip Code: 1 16 15 7											
Part 3 Enter the name of the individual respon	isibe for this device:										
Last name:	·										
First name:	Middle Initial:										
Business Telephone Number:	Extension:										
Title:											





SECTION 4 - NOT IN POSSESSION OF DEVICE

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SECTION 4

07/06/2021 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: 2) 2 O (from Section 2 or 6) MM DD YYYY Location of the Device: O Whereabouts Unknown (Complete Part 1 only) O Transferred to another general licensee (Complete Parts 2 and 3) Transferred to a Specific Licensee (Not the manufacturer) O Never Possessed the Device (Complete Part 1 only) (Complete Part 2) O Returned to Manufacturer (Complete Part 1 only) Part 2 License Number of Recipient (if transferred to a specific licensee): Company Name: 0 Ç N 0 Department: Address Line 1: 8 TE 8 0 Address Line 2: City: State: Zip Code: Part 3 Enter the name of the individual responsibe for this device: Last name: First name: Middle Initial: **Business Telephone** Extension:



Number:

Title:







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07/06/2021

SECTION 4 - NOT IN POSSESSION OF DEVICE

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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: O (from Section 2 or 6) MM DD YYYY Location of the Device: O Whereabouts Unknown (Complete Part 1 only) O Transferred to another general licensee (Complete Parts 2 and 3) O Never Possessed the Device (Complete Part 1 only) Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2) O Returned to Manufacturer (Complete Part 1 only) Part 2 License Number of Recipient (if transferred to a specific licensee): Company Name: Department: Address Line 1: 3 Address Line 2: City: Zip Code: State: Part 3 Enter the name of the individual responsibe for this device: Last name: First name: Middle Initial: **Business Telephone**



Number:

Title:



Extension:





SECTION 4 - NOT IN POSSESSION OF DEVICE

PARTITION

SECTION 4 PAGE 1 of 1

Provide information about devices listed in Section 2 or 6, but no longer in your possession.

of Joseph (the His

Part 1	Transfer Date:
NRC Device Key: (from Section 2 or 6) 667440	01122021
(from Section 2 or 6)	MM DD YYYY
Location of the Device:	
	Transferred to another general licensee (Complete Parts 2 and 3)
_	Transferred to a Specific Licensee (Not the manufacturer) (Complete Part 2)
O Returned to Manufacturer (Complete Part 1 only)	
Part 2 License Number of Recipient (if transferred to a sp	ecific licensee):
NJD071629976	
Company Name:	
ALARON CORPORA	TION
Department:	
Address Line 1:	
2138 STATE ROU	7E 18
	(6)
Address Line 2:	
City:	
WAUPUM	
State: PA Zip Code: 16157	
Part 3 Enter the name of the individual respons	sibe for this device:
Last name:	· · · · · · · · · · · · · · · · · · ·
First name:	Middle Initial:
Business Telephone Number:	Extension:
Title:	· · · · · · · · · · · · · · · · · · ·





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.

Mineral Harrists

Part 1	Transfer Date:
NRC Device Key: (from Section 2 or 6) (4 4 7 4 4 2	01122021
(Holli Section 2 of 6)	MM DD YYYY
Location of the Device:	
· · · · · · · · · · · · · · · · · · ·	Transferred to another general licensee (Complete Parts 2 and 3)
<i>,</i>	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 spe	ecific licensee):
NJD 071629976	
Company Name:	
ALARON CORPORA	TION
Department:	
Address Line 1:	
Address Line 1.	
2138 STATE ROU	7E 18
Address Line 2:	
City:	
WAUPUM	
States 7 in Codes	
PA 210 Code: 16157-	
Part 3 Enter the name of the individual respons	sibe for this device:
Last name:	
First name:	Middle Initial:
Business Telephone Number:	Extension:
Title:	









SECTION 4 - NOT IN POSSESSION OF DEVICE

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SECTION 4 PAGE 1 of 1

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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4 PAGE 1 of 1

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NRC Device	Key:			-	7 2	2	. 8	7 2	-	7	ſ	(2)		1	7	7	2	o	2	1				
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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4 PAGE 1 of 1

Part 1	Transfer Date:													
NRC Device Key: 730961	01122021													
(from Section 2 or 6)	MM DD YYYY													
Location of the Device:	יאווייי טט דייייי													
O Whereabouts Unknown (Complete Part 1 only)	O Transferred to another general licensee (Complete Parts 2 and 3)													
	Transferred to a Specific Licensee (Not the manufacturer)													
O Returned to Manufacturer (Complete Part 1 only)	(Complete Part 2)													
Part 2 License Number of Recipient (if transferred to a	specific licensee):													
MJD 071629976														
Company Name:														
ALARON CORPOR	ATION													
Department:														
Address Line 1:														
2138 STATE RO	UTE 18													
Address Line 2:														
City:														
State: P A Zip Code: 1 6 1 5 7														
Part 3 Enter the name of the individual respo	onsibe for this device:													
Last name:														
First name:	Middle Initial:													
	Wilder Filler													
Business Telephone	Extension:													
Number:	LAIGHSIOII.													
Title:														





SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4 PAGE 1 of 1

Part	Part 1												Transfer Date:													
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Par	t 2	Li	cens	e Nu	ımbe	r of F	Recij	pient	(if tra	ansfe	erred	to a	spe	cific li	cens	see):		•								
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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)

1500

28) 11202/

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.

UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST	5. SHIPPER- NAME AND FACILITY Chase Environmental Group, Inc. 11450 Watterson Court Louisville, KY 40299 USER PERMIT NUMBER T-KY003-120 N/A CONTACT Seb Cannata 6. CARRIER NAME AND ADDRESS SJ Transportation Co., Inc. PO Box 169 Woodstown, NJ 08098		SHIPPER ID # N/A X COLLECTOR PROCESSOR OBSERATION TYPE (OPECITY) TELEPHONE # 860-306-0195 EPA ID # NJD071629976 SHIPPING DATE 11/20/2020	* AME POWER AND SEA. PAGE 1 SHIP POWER AND SEA. OF SHIP POWER AND SEA. ADDITIONAL MEDIANATION	1PAGE(S)1PAGE(S)1PAGE(S) NonePAGE(S)	8. Manifest Number (Use this number on all continuation pages) AL-2020-290				
SHIPPING PAPER 1. EMERGENCY TELEPHONE NUMBE (INCLUDE AREA CODE) 800-424-9300				CONSIGNEE-NAME AND FACILITY ADD	Contact Mike Otlowski					
				Alaron Corporation						
				2138 State Route 18		Telephone Number (Include area code)				
ORGANIZATION				Wampum, PA 16157	724-535-5777 Date 1-12-21					
CHEMTREC WSDS #: CHEN01RAD Customer										
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				This is to certify that the herein-named		10. Certification				
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EARLY SECURAGE MANUELY [X] NO		Vince Mroz		TELEPHONE I	described, packaged, marked, and labeled, and are in proper condition for transportation according to					
ACCOMPANY THIS REPUBLIESTY	Α	SKINATURE STORMAL		856-994-5118 DATE	the applicable regulations of the Depart	ment of Transportation s	n and the Commission.			
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	Generator Certification Statement: The constituents of the waste manifested herein are known to the generator. There are no EPA RCRA, pathogenic or other hazards present other than those specifically listed on the Form 541,									
mergency Response Guide Reference: 163 Generator: DCP Midstream			and the second		Compean	A	3		2010120	

CONSIGNEE ORIGINAL

(MUST ACCOMPANY WASTE IN TRANSIT)

NRC FORM 542	U.S. NUCLEAR REGL	1. WASTE COLLECTOR/PROCESSOR						2. MANIFEST NUMBER AL-2020-290 3. PAGE_1_OF_1_PAGE(S)		
UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST MANIFEST INDEX AND REGIONAL COMPACT TABULATION List all original "PROCESSED WASTE" before "COLLECTED WASTE".			NAME Chase Environmental Group, Inc. IDENTIFICATION NUMBER T-KY003-L20 SHIPPING DATE 11/20/2020				SHIPPER USE ONLY			
										GENERATOR
IDENTIFICATION NUMBER	PERMIT NUMBER AND TELEPHONE NUMBER	FACILITY ADDRESS	WASTE (OR MATERIAL) VOLUME (m3)	MANIFEST MUMBER ' UNDER WHICH WASTE (OR MATERIAL) RECEIVED AND DATE OF RECEIPT	CODE	ORIONATING COMPACT OR STATE	A. SOURCE MATERIAL (kg)	B. SNM (9)	C. ACTIVITY	D. VOLUME
2148	DCP Midstream 717-858-4112	2510 Busha Highway Marysville, MI 48040	0.114	NA	С	МІ	NP	NP	1.08E+04	0.114
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NRC FORM \$42 (5-199