







































GL-705530-26

07/06/2021

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

NRC Device Key:  
(from Section 2 or 6)

5 9 1 3 1 6

Transfer Date:

0 1 1 2 2 0 2 1

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):

N J D 0 7 1 6 2 9 9 7 6

Company Name:

A L A R O N C O R P O R A T I O N

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A U P U N

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

First name:

Middle Initial:

Business Telephone Number:

Extension:

Title:





GL-705530-26

07/06/2021

**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**

NRC Device Key:  
(from Section 2 or 6)

5 9 1 3 1 7

Transfer Date:

0 1 1 2 2 0 2 1

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):

N J D 0 7 1 6 2 9 9 7 6

Company Name:

A L A R O N C O R P O R A T I O N

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A U P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

First name:

Middle Initial:

Business Telephone Number:

Extension:

Title:





GL-705530-26

07/06/2021

SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4

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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)

5 9 1 3 1 8

0 1 1 2 2 0 2 1

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):

N J D 0 7 1 6 2 9 9 7 6

Company Name:

A L A R O N C O R P O R A T I O N

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A U P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

First name:

Middle Initial:

Business Telephone Number:

Extension:

Title:



GL-705530-26

07/06/2021

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) 591333

01 12 2021 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):

NJD 071629976

Company Name:

ALARON CORPORATION

Department:

Address Line 1:

2138 STATE ROUTE 18

Address Line 2:

City:

WAUPUM

State:

PA

Zip Code:

16157

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

Last name:

First name:

Middle Initial:

Business Telephone Number:

Extension:

Title:





GL-705530-26

07/06/2021

**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**

NRC Device Key:  
(from Section 2 or 6)

5 9 1 3 3 6

Transfer Date:

0 1 1 2 2 0 2 1

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):**

N J D 0 7 1 6 2 9 9 7 6

Company Name:

A L A R O N C O R P O R A T I O N

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A U P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

First name:

Middle Initial:

Business Telephone Number:

Extension:

Title:





GL-705530-26

07/06/2021

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:

591338

01122021

(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):

NJD071629976

Company Name:

ALARON CORPORATION

Department:

Address Line 1:

2138 STATE ROUTE 18

Address Line 2:

City:

WAUPUM

State:

PA

Zip Code:

16157

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

Last name:

First name:

Middle Initial:

Business Telephone Number:

Extension:

Title:





GL-705530-26

07/06/2021

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

NRC Device Key:  
(from Section 2 or 6)

5 9 1 3 3 9

Transfer Date:

0 1 1 2 2 0 2 1

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):

N J D 0 7 1 6 2 9 9 7 6

Company Name:

A L A R O N C O R P O R A T I O N

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A U P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

First name:

Middle Initial:

Business Telephone Number:

Extension:

Title:





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07/06/2021

**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**

NRC Device Key:  
(from Section 2 or 6)

667440

Transfer Date:

01 12 2021

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):**

NJD 071629976

Company Name:

ALARON CORPORATION

Department:

Address Line 1:

2138 STATE ROUTE 18

Address Line 2:

City:

WAUPUM

State:

PA

Zip Code:

16157 -

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

Last name:

First name:

Middle Initial:

Business Telephone Number:

Extension:

Title:





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07/06/2021

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)

667442

01122021

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):

NJD071629976

Company Name:

ALARON CORPORATION

Department:

Address Line 1:

2138 STATE ROUTE 18

Address Line 2:

City:

WAUPUN

State:

PA

Zip Code:

16157

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

Last name:

First name:

Middle Initial:

Business Telephone Number:

Extension:

Title:





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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

NRC Device Key:  
(from Section 2 or 6)

667443

Transfer Date:

01 12 2021

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):

NJD 071629976

Company Name:

ALARON CORPORATION

Department:

Address Line 1:

2138 STATE ROUTE 18

Address Line 2:

City:

WAUPUN

State:

PA

Zip Code:

16157

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

Last name:

First name:

Middle Initial:

Business Telephone Number:

Extension:

Title:





GL-705530-26

07/06/2021

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

NRC Device Key:  
(from Section 2 or 6)

7 2 2 8 2 5

Transfer Date:

0 1 1 2 2 0 2 1

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):

N J D 0 7 1 6 2 9 9 7 6

Company Name:

A L A R O N C O R P O R A T I O N

Department:

Address Line 1:

2 1 3 8 S T A T E R O U T E 1 8

Address Line 2:

City:

W A U P U M

State:

P A

Zip Code:

1 6 1 5 7 -

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

Last name:

First name:

Middle Initial:

Business Telephone Number:

Extension:

Title:







GL-705530-26

07/06/2021

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:

730961

0112 2021

(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):

NJD 071629976

Company Name:

ALARON CORPORATION

Department:

Address Line 1:

2138 STATE ROUTE 18

Address Line 2:

City:

WAUPUN

State:

PA

Zip Code:

16157

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

Last name:

First name:

Middle Initial:

Business Telephone Number:

Extension:

Title:





GL-705530-26

07/06/2021

**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**

NRC Device Key:  
(from Section 2 or 6)

730962

Transfer Date:

0112 2021

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):**

NJD071629976

Company Name:

ALARON CORPORATION

Department:

Address Line 1:

2138 STATE ROUTE 18

Address Line 2:

City:

WAUPUM

State:

PA

Zip Code:

16157-

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

Last name:

First name:

Middle Initial:

Business Telephone Number:

Extension:

Title:





GL-705530-26  
07/06/2021

**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>)

28 Jul 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.



NRC FORM 540

**UNIFORM LOW-LEVEL RADIOACTIVE  
WASTE MANIFEST  
SHIPPING PAPER**

5. SHIPPER- NAME AND FACILITY  
Chase Environmental Group, Inc.  
11450 Watterson Court  
Louisville, KY 40299

SHIPPER ID #  
N/A  
 COLLECTOR  
PROCESSOR

PAGE 1 OF 1  
NRC FORM 540 AND 541A  
NRC FORM 543 AND 543A  
ADDITIONAL INFORMATION

8. Manifest Number  
(Use this number on all continuation pages)  
AL-2020-290

1. EMERGENCY TELEPHONE NUMBER (INCLUDE AREA CODE)  
800-424-9300

UBER PERMIT NUMBER  
T-KY003-L20

SHIPMENT #  
N/A

9. CONSIGNEE-NAME AND FACILITY ADDRESS  
Alaron Corporation  
2138 State Route 18  
Wampum, PA 16157

Contact  
Mike Otlowski  
Telephone Number (Include area code)  
724-535-5777

10. ORGANIZATION  
CHEMTREC WSDS #: CHEN01RAD Customer #: 4395

6. CARRIER NAME AND ADDRESS  
SJ Transportation Co., Inc.  
PO Box 169  
Woodstown, NJ 08098

EPA ID #  
NJ0071629976  
SHIPPING DATE  
11/20/2020

SIGNATURE: Authorized consignee acknowledging waste receipt  
*[Signature]*

Date  
1-12-21

11. IS THIS AN "EXCLUSIVE USE" SHIPMENT?  
 YES  
 NO

12. TOTAL NUMBER OF PACKAGES IDENTIFIED ON THIS MANIFEST  
1

13. DOES EPA REGULATE WASTE REQUIRING A MANIFEST ACCORDING TO THIS SHIPMENT?  
 YES  
 NO

EPA MANIFEST NUMBER  
N/A

CONTACT  
Vince Mroz

TELEPHONE #  
856-994-5118

10. Certification  
This is to certify that the herein-named materials are acceptable for disposal, are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the Commission.

SIGNATURE  
*[Signature]*

DATE  
11-20-2020

AUTHORIZED SIGNATURE  
*[Signature]*

TITLE  
Tech

DATE  
11-20-2020

HM	11. U.S. DEPARTMENT OF TRANSPORTATION DESCRIPTION (Including proper shipping name, hazard class, UN ID number, and any additional information)	12. DOT LABEL "RADIOACTIVE"	13. TRANSPORT INDEX	14. PHYSICAL AND CHEMICAL FORM	15. INDIVIDUAL RADIONUCLIDES	16. TOTAL PACKAGE ACTIVITY IN MBq	17. LSA/SCO CLASS	18. TOTAL WEIGHT OR VOLUME m <sup>3</sup>	19. ID NUMBER OF PACKAGE
X	UN2915 Radioactive material, Type A package, 7  One drum with Cs-137 gauges for disposal	Yellow-II	0.2	Solid/Oxide	Cs-137	1.08E+04	N/A	0.114	AL-GA-W-20-302

Emergency Response Guide Reference: 163

Generator: DCP Midstream

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.

*Vince Compton*  
Print name

*[Signature]*  
Signature

20201220  
Date

CONSIGNEE ORIGINAL (MUST ACCOMPANY WASTE IN TRANSIT)

**UNIFORM LOW-LEVEL RADIOACTIVE  
WASTE MANIFEST**

**MANIFEST INDEX AND REGIONAL COMPACT TABULATION**

List all original "PROCESSED WASTE" before "COLLECTED WASTE".

1. WASTE COLLECTOR/PROCESSOR		2. MANIFEST NUMBER
NAME Chase Environmental Group, Inc.		AL-2020-290
IDENTIFICATION NUMBER T-KY003-L20		
SHIPPING DATE 11/20/2020		3. PAGE_1_OF_1_PAGE(S)

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 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)
2148	DCP Midstream 717-858-4112	2510 Busha Highway Marysville, MI 48040	0.114	NA	C	MI	NP	NP	1.08E+04	0.114
TOTALS OF ALL PAGES (NRC FORMS 542 AND 542A)							0.00E+00	0.00E+00	1.08E+04	1.14E-01