

#### 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 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.

General License Registration Number

GL-642467-26

**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.

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Department:			****													
Company Name:	CERTAI	NTEED (	GYP	SUM		opidaniai d	ng til spike sakilistis.		-							







**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: CC	LLINS								
HEND	RICK	S							
First Name: DU	STIN			Middle Initia	: R				
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Business Teleph	one Number: (30)	7) 587-2236 <b>5 2</b>		Extension:	2243				
Business E-mail	Address:								
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Title: M	AINTENANCE EN	GINEER							
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State: WY	Zip Code:	82414							





## **SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2 PAGE 1 of 3

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

N	IRC Device Key	546610	(Internal Control Number)	
Dis	stributor/Distributed By: KAY-F	RAY/SEN	NSALL, INC.	
Dis	stributor License Number: IL-0	1010-02		
Ma	anufacturer name: KAY-RAY	//SENS/	ALL, INC.	
De	vice Model (Not Source Model):	7062B		
De	vice Serial Number: S95D03	 )2		
L	ansfer Date: 05/15/1994			
110	113161 Date. 00/10/1994	-	Not in possession of device (Also	
			complete Section 4.)	
	MM DD YYYY			Difference and the second second
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## **SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2 PAGE 2 of 3

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

NRC Device	e Key		54	6611	(Inter	nal Co	ontrol	Numl	er)								
Distributor/D	istributed	By: ł	KAY-RA	Y/SEI	VSALL,	INC.											
Distributor L	icense Nu	mber:	IL-010	10-02				***************************************	il-comments				lania nasabayas d			4	
Manufacture	r name:	KAY	/-RAY/S	SENS	ALL, IN	 D.											
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## **SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2 PAGE 3 of 3

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**

SECTION 3 PAGE 1 of 1

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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													Trans	fer D	ate:										
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## SECTION 4 - NOT IN POSSESSION OF DEVICE

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: 5 4 6 6 1 1 0 8 1 1 2 0 2 0
(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)
Returned to Manufacturer (Complete Part 1 only)
Part 2 License Number of Recipient (if transferred to a specific licensee):
Company Name:
ALARON CORPORATION
Department:
Address Line 1:
2138 STATE ROUTE 18
2 1 3 8 STATE ROUTE / 8
Address Line 2.
City:
WAMPUM
State: P A Zip Code: 16157 -
Part 3 Enter the name of the individual responsibe for this device:
Last name:
DILOWSKI
Eiret name:
Middle Initial:
Number: 7 2 4 5 3 5 5 7 7 7 Extension:
Title:
RADIATION SAFETY CONSULT





## 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: 5 4 6 6 1 2 0 8 1 1 2 0 2 0
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):
Part 2 Electrice Number of Neelpent (in transferred to a specific licensee).
Company Name:
ALARON CORPORATION
Department:
Address Line 1:
2138 STATE ROUTE 18
Address Line 2:
City:
WAMPUM
State: P A Zip Code: 16157 -
Part 3 Enter the name of the individual responsibe for this device:
Last name:
DILOWSKI
First name:  Middle Initial:
MIKE
Business Telephone Number: 7 2 4 5 3 5 5 7 7 7 Extension:
Title:
RADIATION SAFETY CONSULT





#### **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

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-642467-2 07/06/2021

## **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:

# NRC FORM 314 (01-2021) 10 CFR 30.36(j)(1); 40.42(j)(1); 70.38(j)(1);

and 72.54(k)(5)(1)(1)

#### U.S. NUCLEAR REGULATORY COMMISSION

**CERTIFICATE OF DISPOSITION** 

**OF MATERIALS** 

APPROVED BY OMB: NO. 3150-0028

EXPIRES: 03/31/2023

Estimated burden per response to comply with this mandatory collection request: 30 minutes. This submittal is used by NRC as part of the basis for its determination that the facility is released for unrestricted use. 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, (3150-0028), 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 interi	mation unless the document requesting or requirir	the collection displays a currently valid	I OMB control number.
LICENSEE NAME AND ADDRESS		LICENSE NUMBER	DOCKET NUMBER	
CertainTeed Gypsum Inc.		GL-542467-26	6424	167
88 County Road 2AB				
Cody Wyoming 82414		LICENSE EXPIRATION DATE	ment and end of the control of the c	## *** ** The Control of the Control
		0	9/30/2022	
A. LICENSE STATUS	Check the	appropriate box)		
This license has expired.  This license has not yet expi	red; please	terminate it.		
B. DISPOSAL OF R				
(Check the appropriate boxes and complete as nece			vide attachments)	
The licensee, or any individual executing this certificate on behalf of				
1. No radioactive materials have ever been procured or pos	-			
All activities authorized by this license have ceased, and			or possessed by the li	censee
under this license number cited above have been disposed.  a. Transfer of radioactive materials to the licensee listed		following manner.		
Aproconount				
Alaron Nuclear Services Corporation 2138 State Rou	te 18 Wam	pum, PA 16157		
b. Disposal of radioactive materials:				
1. Directly by the licensee:				
Lanced .				
2. By licensed disposal site:				
2. by noonsed disposal site.				
[ ] 2 December 1				
3. By waste contractor:				
c. All radioactive materials have been removed such that Part 20, Subpart E, and is ALARA.	any remain	ing residual radioactivity is	within the limits of 10	CFR
C. SURVEYS PERF	OBMED AT	IN DEPOPTEN		
A radiation survey was conducted by the licensee. The sur				
a. the absence of licensed radioactive materials	,			
Naministrands		1993 1990 and all all all all all all all all all al	A 1955 A	
b. that any remaining residual radioactivity is within the lir	nits of 10 C	FR 20, Subpart E, and is A	.ARA.	
2. A copy of the radiation survey results:				
a. is attached; or b. is not attached (Provide explana	tion); or	c. was forwarded to NR	Ministration of the Control of the C	
3. A radiation survey is not required as only sealed sources w	ere ever po	ssessed under this license,	and	
a. The results of the latest leak test are attached; and/or		b. No leaking sources hav	ever been identified.	
The person to be contacted regarding the information provided on this form:	E			
NAME TITLE		TELEPHONE (Include Area Code)	E-MAIL ADDRESS	
Matt Chowning Project manager		307-899-1191	Matthew.Chowning@	gsaint-gobai
		307-077-1171	n com	
Mail all future correspondence regarding this license to:				
Alaron nuclear services 2138 state route 18 wampum, PA 16157				
C. CERTIF	YING OFFIC	SIAL		
I CERTIFY UNDER PENALTY OF PERJURY			ORRECT	
PRINTED NAME AND TITLE SIGNA	USS ,	111	DATE	
Bryan Hendricks	264		11/8	/2021
WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SHE JECT TO CL	VIII ANDIOD	POINTE DELLE TIES LIPS SE	III ATIONS DECLINE TO	

O CIVIL AND/OR CRIMINAL PENALTIES,NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECT. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

#### CERTIFICATE OF DISPOSITION OF MATERIALS

PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING NRC FORM 314.

Subpart E of 10 CFR Part 20 establishes the radiological criteria for license terminations/decommissioning of facilities licensed under 10 CFR Parts 30, 40, 50, 60, 61, 70, and 72, as well as other facilities subject to the Commission's jurisdiction under the Atomic Energy Act of 1954, as amended, and the Energy Reorganization Act of 1974, as amended.

#### **INSTRUCTIONS**

#### Section B, Item 2.

Licensees should describe the specific radioactive material transfer actions. If radioactive wastes were generated in terminating this license, the licensee should describe the disposal actions taken, including the disposition of low-level radioactive waste, mixed waste, greater-than-Class-C waste, and sealed sources.

#### Section B, Item 2.a.

The information provided concerning the transfer of radioactive material to another licensee should specify the date of the transfer, the name of the licensee recipient, an individual contact name and telephone number for the licensee recipient, and the recipient's NRC or Agreement State license number.

#### Section B, Item 2.b.

For disposal of radioactive materials, licensees should describe the specific disposal method or procedure (e.g., decay-in-storage). For those cases when radioactive materials are disposed of by a licensed disposal site or by a waste contractor, the licensee should specify the name, address, and telephone number of the licensed disposal site operator or waste contractor.

#### Section B, Item 2.c.

"Residual radioactivity," as defined in 10 CFR 20.1003, means radioactivity in 'areas' (structures, materials, soils, etc.) remaining as a result of activities (licensed and unlicensed) under the licensee's control from sources used by the licensee, excluding background radiation. ALARA is defined in 10 CFR 20.1003.

### **FILE CERTIFICATES AS FOLLOWS:**

#### IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND CERTIFICATES TO:

LICENSING ASSISTANT SECTION
NUCLEAR MATERIALS SAFETY BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
2100 RENAISSANCE BOULEVARD, SUITE 100
KING OF PRUSSIA, PA 19406-2713

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND CERTIFICATES TO:

MATERIALS LICENSING SECTION
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, IL 60532-4352

#### IF YOU ARE LOCATED IN:

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND CERTIFICATES TO:

MATERIAL RADIATION PROTECTION SECTION U. S. NUCLEAR REGULATORY COMMISSION, REGION IV 1600 E. LAMAR BOULEVARD ARLINGTON, TX 76011-4511