



Delaware City Refining Company LLC
4550 Wrangle Hill Road
Delaware City, DE 19706
302.834.6000
www.pbfenergy.com

27 December 2021

CMRRR 7020 3160 0002 0808 6634

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

RE: Annual General License Registration Package for GL-704526-27

To Whom It May Concern:

Enclosed please find a reviewed and signed copy of NRC FORM 664 for the above-referenced general license.

Sincerely,

A handwritten signature in black ink, appearing to read "James Lee".

James Lee
Industrial Hygienist
(302) 834-6404

Enclosure(1):

- NRC FORM 664

cc: Richard Pyle
Matt Richards

Electronic file location -- V:\SAFIRIMS\SH-64-00 Radiation\SH-64-03 Sources-Devices



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: PYLE

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First Name: RICHARD

J	A	M	E	S																
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Middle Initial: A

A

Business Telephone Number: (302) 834-6000

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Extension:

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Business E-mail Address:

J	A	M	E	S	.	L	E	E	@	P	B	F	E	N	E	R	G	Y	.	C	O	M																	
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Title: CURRENT SAFETY OFFICER

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Enter the mailing address where correspondence regarding your device(s) should be sent.

Department: HEALTH SAFETY SECURITY

S	A	F	E	T	Y		A	N	D		H	E	A	L	T	H																						
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Address Line 1: 4550 WRANGLE HILL ROAD

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Address Line 2: P.O. BOX 7000

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City: DELAWARE CITY

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State: DE

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Zip Code: 19706

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GL-704526-27
 11/15/2021

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2
 PAGE 1 of 2

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

NRC Device Key **707478 (Internal Control Number)**

Distributor/Distributed By: Thermo Scientific Portable Analytical Instruments, Inc.

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Distributor License Number: 53-0388

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Manufacturer name: NITON CORPORATION

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Device Model (Not Source Model): XLI-SERIES

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Device Serial Number: 5339

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Transfer Date: 12/30/2002

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)																		
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GL-704526-27
11/15/2021

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

SECTION 3
PAGE 1 of 1

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

Manufacturer Name

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Initial Transferor Name

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

Initial Transferor License Number (if known)

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Device Model Number (Not Source Model)

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

Device Serial Number

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

How acquired and date (e.g., from a distributor/manufacture, other licensee, other source)?

Manufacturer/Initial Transferor listed above
 Other General Licensee
 Other Sources

Date Transferred:

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MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)																					
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GL-704526-27

11/15/2021

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)

Transfer Date:

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):

Company Name:

Department:

Address Line 1:

Address Line 2:

City:

State: Zip Code: -

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

Last name:

First name:

Middle Initial:

Business Telephone Number:

Extension:

Title:





GL-704526-27
11/15/2021

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>)

Sam H. Lee

12.27.2021

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

DATE

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





GL-704526-27
11/15/2021

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:

