



GL-724189-27  
 04/21/2022  
**NRC FORM 664**  
 (11 - 2020)  
 10 CFR 31.5

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. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to [Infocollects.Resource@nrc.gov](mailto: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: [oir\\_submission@omb.eop.gov](mailto:oir_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**      **SECTION 1 - GENERAL LICENSEE INFORMATION**  
**GL-724189-27**

**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: HILAND DAIRY FOODS

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Department:

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Address Line 1: 1133 EAST KEARNEY STREET

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Address Line 2:

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City: SPRINGFIELD

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State: MO 

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Zip Code: 65803 

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**For NRC Use Only (Do not write here)**      **Category:**

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**Packet Receipt Date (MMDDYYYY):**

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**Accession Number:**

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GL-724189-27

04/21/2022

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: WASHAM

W i l s o n

First Name: DARRELL

J i m

Middle Initial:

Business Telephone Number: (417) 862-9311

Extension:

Business E-mail Address:

j w i l s o n @ h i l a n d d a i r y c o m

Title: PLANT MANAGER

M a i n t e n a n c e M a n a g e r

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

Department:

M a i n t e n a n c e

Address Line 1: 1133 EAST KEARNEY STREET

Address Line 2:

City: SPRINGFIELD

State: MO

Zip Code: 65803





GL-724189-27  
04/21/2022

### SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2  
PAGE 1 of 5

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

**NRC Device Key**      **800216** (Internal Control Number)

Distributor/Distributed By:    Peco InspX

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Distributor License Number:    3823-43 GL

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Manufacturer name:          PECO CONTROLS CORPORATION

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Device Model (Not Source Model):    GAMMA 101-P

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Device Serial Number:      G031330938

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Transfer Date:    09/24/2009

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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-724189-27

04/21/2022

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

PAGE 2 of 5

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

NRC Device Key 803182 (Internal Control Number)

Distributor/Distributed By: Peco InspX

[Empty grid box]

Distributor License Number: 3823-43 GL

[Empty grid box]

Manufacturer name: PECO CONTROLS CORPORATION

[Empty grid box]

Device Model (Not Source Model): GAMMA 101-P

[Empty grid box]

Device Serial Number: G031400951

[Empty grid box]

Transfer Date: 12/21/2009

[Empty grid box]

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	AM241 [Empty grid]	100 [Empty grid]	mCi [Empty grid]
2	[Empty grid]	[Empty grid]	[Empty grid]
3	[Empty grid]	[Empty grid]	[Empty grid]
4	[Empty grid]	[Empty grid]	[Empty grid]
5	[Empty grid]	[Empty grid]	[Empty grid]
6	[Empty grid]	[Empty grid]	[Empty grid]







GL-724189-27  
04/21/2022

**SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

SECTION 2  
PAGE 4 of 5

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

**NRC Device Key**                      **803184** (Internal Control Number)

Distributor/Distributed By:    Peco InspX

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Distributor License Number:    3823-43 GL

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Manufacturer name:            PECO CONTROLS CORPORATION

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Device Model (Not Source Model):    GAMMA 101-P

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Device Serial Number:        G031380951

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Transfer Date:        12/21/2009

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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)																					
1	AM241 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							100 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													mCi <table border="1"><tr><td></td><td></td><td></td></tr></table>			
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GL-724189-27

04/21/2022

### SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

PAGE 5 of 5

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

**NRC Device Key**                      **803185** (Internal Control Number)

Distributor/Distributed By:    Peco InspX

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Distributor License Number:    3823-43 GL

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Manufacturer name:            PECO CONTROLS CORPORATION

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Device Model (Not Source Model):    GAMMA 101-P

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Device Serial Number:        G031370951

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Transfer Date:        12/21/2009

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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)																												
1	AM241 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						100 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					mCi <table border="1"><tr><td></td><td></td><td></td></tr></table>			
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GL-724189-27

04/21/2022

**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:

- 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-724189-27  
04/21/2022

**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>)

*John Wilson by Jarin Sushil - General Mgr.*

5/30/22

**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-724189-27

04/21/2022

**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:

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