

#### NRC FORM 664

(11 - 2022) 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: 11/30/2025

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, 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: <a href="mailto:oira submission@omb.eop.gov">oira submission@omb.eop.gov</a>. 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-726473-28

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: MARA	ATHON PIPE LINE LLC				
Department:					
Address Line 1: 412 E	AST HIGHWAY 81	- V - V			
Address Line 2:					
City: BURL	EY				
State: ID	Zip Code: 83318	8		] - [	
	For NRC Use Only (Do not write here)	Packet Rece	Category:	DYYYY):	
			Accession N	umber:	







Zip Code: 45840



State: OH



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: GRIMES First Name: MATTHEW Middle Initial: T Business Telephone Number: (419) 421-2197 Extension: Business E-mail Address: MGRIMES@MARATHONPETROLEUM.COM Title: **CURRENT SAFETY OFFICER** Enter the mailing address where correspondence regarding your device(s) should be sent. Department: Address Line 1: 539 SOUTH MAIN STREET Address Line 2: ROOM X-06-002 City: **FINDLAY** 





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

SECTION 2 PAGE 1 of 1

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

	26818 (Internal Control Number)	
Distributor/Distributed By: Ronan	Engineering Company	
Distributor License Number: IND-2	267-95G	
Manufacturer name: RONAN E	ENGINEERING COMPANY	
Device Model (Not Source Model):	SA1-C10	
Device Serial Number: M5241		
Transfer Date: 05/15/1990		
	Not in possession complete Section	of device (Also 4.)
MM DD YYYY		
Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1 CS137	200	mCi
2		
3		
4		
5		





## **SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION**

SECTION 3 PAGE 1 of 1

Provid	de inform	ation al	oout oth	ner de	evices y	ou hav	e that	are s	ubjec	ct to r	egisti	ration	n. Do	not	repo	rt spe	cifica	ally lic	ense	d de	vices.
Manuf	acturer N	ame																			
																	T			T	
Initial 7	ransfero	r Name	<b>)</b>																		
								I											Т	T	
Initial 7	ransfero	r Licon	o Num	hor	/if know	<u> </u>	4														
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								J													
Device	Model N	lumber	(Not So	ource	Model	)	1	F			-		-	- 1			-1	-1	_		
Device	Serial N	umber			1 1		_					-								_	
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	Isotop	e (e.g. /	AM241	)		Ac	tivity (	e.g.	100)										Uı	nit (e	.g. mC
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10.																					





04/19/2023

# **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)				_		الا			$\perp$			
Location of the Device:	······ (Cl-	1- D-41		0	MM	D		YYY				2000
O Whereabouts Unkno					Transferre							and 3
O Never Possessed th	8.	7.0	153	) 0	Transferre (Complete			icensee	(Not the n	nanutactu	rer)	
O Returned to Manufa												
Part 2 License Num	ber of Recip	pient (if tr	ransferred	l to a sp	ecific licer	isee):						
Company Name:												
											T	
Department:											1	
Department.												r 1
Address Line 1:												
				100		II					T	
Address Line 2:												
Address Line 2.						ТТ						
City:												
State: Z	ip Code:											
Part 3 Enter the	nama af	the ind	ividual r		alba fau t	ا ا						
Last name:	e name of	trie int	ividuali	espon	sibe for t	nis de	vice.					
First name:								Mi	iddle Initia	al:		
Business Telephone Number:							Extens	sion:				
Title:												









#### **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)

05-10-23

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.





# **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: