

NEMAHA COUNTY

607 NEMAHA
SENECA, KANSAS 66538

PHONE: 785-336-2170 **E-MAIL:** nmclerk@carsoncomm.com **FAX:** 785-336-3373

Nemaha County has properly disposed of licensed signs with SRB Technologies license #034-0534-2.
There were three signs with details as enclosed.

Mike Miller

Mike Miller
Nemaha County Administrator
Seneca, Kansas 66538

2024 INVOICE FOR KANSAS REGISTRATION OF GENERALLY LICENSED DEVICES

Paragraph 28-35-178a of the Kansas Radiation Protection Regulations established a general license authorizing the use of certain measuring, gauging and control devices. Subject to the provisions of subsection (a) and (b) of this regulation, a general license is hereby issued to acquire, possess, use and transfer radioactive material which is contained in any device designed, manufactured and used for one or more of the reasons stated in this regulation. COMPLETE AND RETURN THIS FORM ON OR BEFORE SEPTEMBER 1, 2024, TO: KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT, BUREAU OF COMMUNITY HEALTH SYSTEMS, RADIATION CONTROL PROGRAM, 1000 SW JACKSON, STE 330, TOPEKA, KANSAS 66612-1365, PHONE: 785-296-1560, EMAIL ADDRESS: kdhe.gl@ks.gov

ONLY SELF LUMINOUS EXIT SIGNS ARE FEE EXEMPT

KANSAS GL REGISTRATION # GL-941

A. MAILING ADDRESS:

NEMAHA COUNTY
COURTHOUSE
607 NEMAHA
SENECA, KS 66538

FACILITY ADDRESS:

NEMAHA COUNTY COURTHOUSE
607 NEMAHA
SENECA, KS 66538

Email Address: mike.miller@nmco.ks.us
Federal Tax ID: 48-6026240
Phone number:

B. THIS REGISTRATION IS FOR (check all that apply):

- ☐ Annual Registration
☐ Change of address for the above facility and moved all GL devices to new address - Correct address above as appropriate
☐ Purchased the above facility and all GL devices - provide new owner's name _____
☐ Sold the above facility and all GL devices - provide new owner's name and address _____
☒ Disposed, returned or transferred generally licensed devices (COMPLETE AND RETURN THE ENCLOSED GENERALLY LICENSED DEVICE STATUS FORM)

C. MARK THE TYPE OF GENERALLY LICENSED DEVICES POSSESSED BY THIS FACILITY (check all that apply):

- ☐ Gas Chromatograph ☐ Helium Ionization Detector ☐ Level/Density Gauge
☐ Liquid Scintillation System ☐ Medical In-Vitro Kit ☐ Static Eliminator
☐ X-ray Fluorescence Analyzer ☐ Tritium Exit Signs (FEE EXEMPT) Quantity # _____
☐ Other: Please specify: _____

D. PROVIDE INFORMATION LISTED BELOW FOR EACH GENERALLY LICENSED DEVICE AT THIS FACILITY

Date device received by this facility: _____

Device Type (see Section C above): _____

Device Model # _____

Device Serial # _____

Source Model # _____

Source Serial # _____

E. SIGNATURE OF PERSON DESIGNATED AS RESPONSIBLE FOR THE GENERALLY LICENSED DEVICE(S)

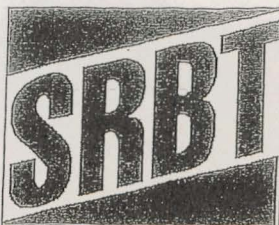
Mike Miller
AUTHORIZED SIGNATURE

3-26-25
DATE

Mike Miller
PRINT OR TYPE NAME

Lilly.runnebauer@nmco.ks.us
EMAIL ADDRESS

Fee Paid \$ _____
Check# _____
FOR KDHE USE ONLY



SHIP TO:
SRB TECHNOLOGIES
2580 Landmark Drive
Winston-Salem, NC 27103
Tel: (336)-659-2610
Fax: (336)-768-7720
Email: sales@srbtechnologies.com

RG# 211111

No Shipment will be accepted without a proper RGA number and UN2911 written on outside of package.

Date Issued:

Expiration date:

Returned Goods Authorization Form-Disposals

- 1.) All packages must be marked on the top and at least one side with the assigned RGA Number, UN2911 and the appropriate box numbers. Failing to do so will result in service fees.
- 2.) A copy of the the Box and Inventory Worksheet must be placed inside each corresponding box.
- 3.) An RGA is valid for only one shipment and for the number of signs listed on your inventory.
- 4.) Under NRC regulations it is your responsibility to notify state regulators and the USNRC of the transfer of these signs. See the procedure forms for additional information regarding reporting.
- 5.) Please refer to the full policy on the subsequent pages to insure your shipment is prepared properly.

*** Include Certificate of Disposal (\$35) *** YES ☐ NO ☐
(If neither box is checked SRBT will assume a COD has not been requested)

Bill To: Nemaha County

Contact Name: Mike Miller

Address: 607 Nemaha St

City: Seneca St: KS Zip: 66538

Phone:

785-369-8664

Fax:

Email:

mike.miller@tmcokks.us

INSTALLATION ADDRESS

Company Name: Nemaha County

Address: 607 Nemaha St

City: Seneca State: KS Zip: 66538

I have read and agree to all terms and conditions:

Signature:

Mike Miller

Replacement Signs Ordered?: Y/N

Date ordered: _____

PO#: _____

Do not write below this line - This space reserved for SRBT use only - Do not write below this line

Returned for Disposal: Y/N

Replaced under Warranty: Y/N

Payment Method: _____

Payment Date: _____

Disposal Fee: _____

Date Returned: _____

Date received: _____

Checked in by: _____

GENERALLY LICENSED DEVICE STATUS FORM

If any generally licensed devices at this facility have been removed, replaced, sold, or transferred, and has not yet been reported to KDHE, complete and return this form to: Kansas Department of Health and Environment, Bureau of Community Health Systems, Radiation Control Program, 1000 SW Jackson, Suite 330, Topeka, KS 66612-1365, Phone: 785-296-1560, Email Address: kdhe.gl@ks.gov, Website: www.kdheks.gov/radiation

Kansas GL Registration # 941
Contact Name: Lilly Runnebaum
Facility Name: Nemaha County
Facility Address, City, State & Zip: # 607 Nemaha Seneca, KS 66538
Email Address: Lilly.Runnebaum@nmcoks.us

The generally licensed device(s) listed below have been disposed of in the following manner:

Manufacturer of Device SRBT
Date device disposed of 3.26.25
Device Type (see Section C of registration form) luminous exit sign
Device Model # _____ Device Serial # _____
Source Model # _____ Source Serial # _____
Isotope (i.e. Cesium, Cobalt, Polonium, etc.) _____ Activity _____ Units (i.e. curies, millicuries, etc.) _____

Disposal method (check one): ☒ Returned to Manufacturer ☐ Transferred to specifically licensed facility

If GL devices were transferred to a licensed facility, provide facility name, address and license number of recipient of devices below:

Recipient's name and address _____
Recipient's license number _____

Manufacturer of Device _____
Date device disposed of _____
Device Type (see Section C of registration form) _____
Device Model # _____ Device Serial # _____
Source Model # _____ Source Serial # _____
Isotope (i.e. Cesium, Cobalt, Polonium, etc.) _____ Activity _____ Units (i.e. curies, millicuries, etc.) _____

Disposal method (check one): ☐ Returned to Manufacturer ☐ Transferred to specifically licensed facility

If GL devices were transferred to a licensed facility, provide facility name, address and license number of recipient of devices below:

Recipient's name and address Ralph Williams SRBT 2580 Landmark Dr. Winston-Salem 27103
Recipient's license number # 034-0534-2

Check the statement below that pertains to this facility:

☐ I still have other generally licensed devices at the above facility.

☒ I no longer have any generally licensed devices at the above facility.

Mike Miller

Signature of individual completing this form

3.26.25

Date

BOX ID AND INVENTORY WORKSHEET

BOX NUMBER: 1 of 1

Manufacturer	Model	Serial Number	Date of Manufacture	Life Rating Tbq or Curies
SRBT	BX	152252	Dec 17	10 yrs 9.8 Ci
SRBT	BX	152253	Dec 17	10 yrs 9.8 Ci
SRBT	BX	152254	Dec 17	10 yrs 9.8 Ci

Initial MEP Date 2/18/25