



U.S. NUCLEAR REGULATORY COMMISSION

## GENERAL LICENSEE REGISTRATION

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](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.

**SECTION 1 - GENERAL LICENSEE INFORMATION**

GL-727712-30

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: CARETTA MINERALS LLC

# WEST VIRGINIA PROPERTIES INC

Department:

[illegible]

Address Line 1: ROUTE 16, TENNESSEE AVENUE

|   |   |  |   |   |   |   |   |  |   |   |   |   |   |   |  |  |  |  |  |  |  |
|---|---|--|---|---|---|---|---|--|---|---|---|---|---|---|--|--|--|--|--|--|--|
| 6 | 9 |  | S | L | A | C | K |  | S | T | R | E | E | T |  |  |  |  |  |  |  |
|---|---|--|---|---|---|---|---|--|---|---|---|---|---|---|--|--|--|--|--|--|--|

Address Line 2:

[illegible]

City: CARETTA

[illegible]

State: WV

|   |   |
|---|---|
| W | V |
|---|---|

Zip Code: 24892

|   |   |   |   |   |
|---|---|---|---|---|
| 2 | 4 | 8 | 9 | 2 |
|---|---|---|---|---|

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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:

[illegible]



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SECTION 1  
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### 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: HELMANDOLLAR

STRONG

First Name: RICK

GREGG

Middle Initial:

A

Business Telephone Number: (301) 888-4113

881 225 2099

Extension:

Business E-mail Address: rick.helmandollar@jsw.in

greg.strongewvprop.net

Title: PLANT MANGER

PLANT MANAGER

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

Department:

Address Line 1: 119 APPALACHIAN DRIVE

PO BOX 1603

Address Line 2:

City: BECKLEY

WELCH

State: WV

WV

Zip Code: 25801

24801

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#### SECTION 4 - NOT IN POSSESSION OF DEVICE

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**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)

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Transfer Date:

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MM

DD

Y Y Y Y

Location of the Device:

- ☐ Whereabouts Unknown (Complete Part 1 only)      ☐ Transferred to another general licensee (Complete Parts 2 and 3)  
☐ Never Possessed the Device (Complete Part 1 only)      ☐ Transferred to a Specific Licensee (Not the manufacturer)  
☐ Returned to Manufacturer (Complete Part 1 only)      (Complete Part 2)

**Part 2** License Number of Recipient (if transferred to a specific licensee):

[illegible]

Company Name:

[illegible]

Department:

[illegible]

Address Line 1:

[illegible]

Address Line 2:

[illegible]

City:

[illegible]

State:

|  |  |
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Zip Code:

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

Last name:

~~GREGG~~ STRONG

First name:

|   |   |   |   |   |  |  |  |  |  |  |
|---|---|---|---|---|--|--|--|--|--|--|
| G | R | E | G | G |  |  |  |  |  |  |
|---|---|---|---|---|--|--|--|--|--|--|

Middle Initial:

A

Business Telephone  
Number:

|   |   |   |   |
|---|---|---|---|
| 6 | 8 | 1 |   |
| 2 | 2 | 5 |   |
| 2 | 0 | 9 | 9 |

Extension:

|  |  |  |  |  |
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|  |  |  |  |  |
|--|--|--|--|--|

Title:

[illegible]



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## 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.