

NRC FORM 653
(11-2000)
10 CFR 32

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED U. OMB: NO. 3150-0001

EXPIRES: 08/31/2002

TRANSFERS OF INDUSTRIAL DEVICES REPORT

(Continue on NRC Form 653A or NRC Form 653B, as appropriate)

Estimated burden per response to comply with this mandatory collection request: 24 minutes. NRC requests quarterly reports to keep apprised of device movements. Send comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0001), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

NAME OF VENDOR <i>Eurotherm Gauging Systems</i>	REPORTING PERIOD	
	FROM	TO
LICENSE NUMBER <i>MA 20-6751 MA 20-6752</i>	<i>1 JULY 2001</i>	<i>30 SEPT 2001</i>

For each "person" to whom a device(s) has been transferred during the reporting period, supply the following:

INTERMEDIATE PERSON (if any)			
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
GENERAL LICENSEE USER INFORMATION			
NAME OF GENERAL LICENSEE USER <i>VERNON PLASTICS</i>		MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)	
DEPARTMENT <i>MAINTENANCE + ENGINEERING</i>		<i>25 Shelly Road</i>	
NAME OF RESPONSIBLE INDIVIDUAL <i>BRUCE SHORT</i>		<i>HAVERHILL MA 01835</i>	
TITLE OF RESPONSIBLE INDIVIDUAL <i>ENG MGR</i>		TELEPHONE <i>978 521-6099</i>	

INFORMATION ON DEVICE(S) TRANSFERRED					
DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
<i>7/27/01</i>	<i>Beta Gauge</i>	<i>SCL-77A</i>	<i>10120</i>	<i>KR 85</i>	<i>1000 MCI</i>
<i>7/27/01</i>	<i>Beta Gauge</i>	<i>SCL-77A</i>	<i>10123</i>	<i>KR 85</i>	<i>1000 MCI</i>
<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>

INTERMEDIATE PERSON (if any)			
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
GENERAL LICENSEE USER INFORMATION			
NAME OF GENERAL LICENSEE USER <i>EIK CORPORATION</i>		MAILING ADDRESS AT THE LOCATION OF USE (No., P.O. Boxes, include Zip Code)	
DEPARTMENT <i>ENGINEERING</i>		<i>6200 ZERKER ROAD</i>	
NAME OF RESPONSIBLE INDIVIDUAL <i>TERRY WATSON</i>		<i>SHAFTER CA 92363</i>	
TITLE OF RESPONSIBLE INDIVIDUAL <i>ENGINEERING MANAGER</i>		TELEPHONE <i>661 391-3971</i>	

INFORMATION ON DEVICE(S) TRANSFERRED					
DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
<i>7/27/01</i>	<i>Beta Gauge</i>	<i>SUP-77A</i>	<i>1476</i>	<i>SR 90</i>	<i>100 MCI</i>
<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>

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NAME OF VENDOR <i>Eurotherm Gauging Systems</i>	REPORTING PERIOD	
	FROM <i>1 July 2001</i>	TO <i>30 Sept 2001</i>
LICENSE NUMBER <i>MA 20-107-51 MA 20-10752</i>		

For each "person" to whom a device(s) has been transferred during the reporting period, supply the following:

INTERMEDIATE PERSON (if any)			
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
GENERAL LICENSEE USER INFORMATION			
NAME OF GENERAL LICENSEE USER <i>Sappi Fine Paper North America</i>		MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) <i>89 Cumberland Street Westbrook, ME 04092</i>	
DEPARTMENT <i>Production</i>			
NAME OF RESPONSIBLE INDIVIDUAL <i>Mikki Meggison</i>		TELEPHONE <i>207-856-4323</i>	
TITLE OF RESPONSIBLE INDIVIDUAL <i>Process Control Eng. / Backup R.S.O.</i>			

INFORMATION ON DEVICE(S) TRANSFERRED					
DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
<i>8/2/01</i>	<i>Beta Gauge</i>	<i>SCL 77A</i>	<i>10125</i>	<i>KR-85</i>	<i>1000 mCi</i>
<i>8/2/01</i>	<i>Beta Gauge</i>	<i>SCL 77A</i>	<i>10126</i>	<i>KR-85</i>	<i>1000 mCi</i>
<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>

INTERMEDIATE PERSON (if any)			
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
GENERAL LICENSEE USER INFORMATION			
NAME OF GENERAL LICENSEE USER <i>Johnson + Johnson</i>		MAILING ADDRESS AT THE LOCATION OF USE (No., P.O. Boxes, include Zip Code) <i>US Route #7 North Brunswick NJ 08902</i>	
DEPARTMENT <i>Manufacturing</i>			
NAME OF RESPONSIBLE INDIVIDUAL <i>William Hudzik</i>		TELEPHONE <i>732-422-5309</i>	
TITLE OF RESPONSIBLE INDIVIDUAL <i>MGR</i>			

INFORMATION ON DEVICE(S) TRANSFERRED					
DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
<i>9/18/01</i>	<i>Beta Gauge</i>	<i>HUB-77A</i>	<i>KA 1133</i>	<i>KR 85</i>	<i>1200 mCi</i>
<i>9/18/01</i>	<i>Beta Gauge</i>	<i>HUB-77A</i>	<i>KA 1134</i>	<i>KR 85</i>	<i>1200 mCi</i>
<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>

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NAME OF VENDOR Eurotherm Gauging Systems Inc	REPORTING PERIOD	
LICENSE NUMBER MA 20-6751 / MA 20-6752	FROM 1 July 2001	TO 30 Sep 2001

For each "person" to whom a device(s) has been transferred during the reporting period, supply the following:

INTERMEDIATE PERSON (if any)			
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

GENERAL LICENSEE USER INFORMATION	
NAME OF GENERAL LICENSEE USER Reemay Inc.	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 70 Old Hickory Blvd. Old Hickory, TN 37138
DEPARTMENT MEG	
NAME OF RESPONSIBLE INDIVIDUAL Alan Soaps	
TITLE OF RESPONSIBLE INDIVIDUAL	
TELEPHONE 615-847-7000	

INFORMATION ON DEVICE(S) TRANSFERRED					
DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
9-21-01	beta gauge ASC185	ASC185	KA1127	Kr-85	1.25 Ci
/	/	/	/	/	/
/	/	/	/	/	/

INTERMEDIATE PERSON (if any)			
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

GENERAL LICENSEE USER INFORMATION	
NAME OF GENERAL LICENSEE USER Cooley Group	MAILING ADDRESS AT THE LOCATION OF USE (No. P.O. Boxes, include Zip Code) 861 Quality Drive Lancaster, SC 29720
DEPARTMENT	
NAME OF RESPONSIBLE INDIVIDUAL Paul Spirkowyc	
TITLE OF RESPONSIBLE INDIVIDUAL	
TELEPHONE 330-928-2332	

INFORMATION ON DEVICE(S) TRANSFERRED					
DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
9-21-01	beta gauge	ASC190	4758BB	Sr-90	-1 Ci
/	/	/	/	/	/
/	/	/	/	/	/

TRANSFERS OF INDUSTRIAL DEVICES REPORT (Continuation)

For each "person" to whom a device(s) has been received during the reporting period, supply the following:

GENERAL LICENSEE USER INFORMATION

NAME OF GENERAL LICENSEE USER <i>Intex Plastics</i>	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) <i>2733 South Harper Rd Corinth MS 38834</i>
DEPARTMENT <i>Production</i>	

INFORMATION ON DEVICE(S) RECEIVED

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)
7/24/01	BETA GAUGE	SCL 77A	9116	

GENERAL LICENSEE USER INFORMATION

NAME OF GENERAL LICENSEE USER <i>Freudenberg</i>	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)
DEPARTMENT <i>Manufacturing</i>	

INFORMATION ON DEVICE(S) RECEIVED

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)
7/23/01	BETA GAUGE	SCL 77A	9437	

GENERAL LICENSEE USER INFORMATION

NAME OF GENERAL LICENSEE USER <i>Active Corp</i>	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) <i>578 Old Jackson Hwy Beech Island SC 29841</i>
DEPARTMENT <i>Production</i>	

INFORMATION ON DEVICE(S) RECEIVED

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)
7/23/01	BETA GAUGE	SCL-77A	9621	
7/23/01	BETA GAUGE	SCL-77A	9622	
7/23/01	BETA GAUGE	SCL 77A	9624	

GENERAL LICENSEE USER INFORMATION

NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)
DEPARTMENT	

INFORMATION ON DEVICE(S) RECEIVED

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)

TRANSFERS OF INDUSTRIAL DEVICES REPORT (Continuation)

For each "person" to whom a device(s) has been received during the reporting period, supply the following:

GENERAL LICENSEE USER INFORMATION

NAME OF GENERAL LICENSEE USER <i>SPINNER COATING</i>	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) <i>225 WARREN AVE WESTBROOK ME 04092</i>
DEPARTMENT <i>PRODUCTION</i>	

INFORMATION ON DEVICE(S) RECEIVED

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)
<i>7/20/01</i>	<i>BETA GAUGE</i>	<i>SCL 77A</i>	<i>10103</i>	<i>2</i>
<i>7/20/01</i>	<i>BETA GAUGE</i>	<i>SCL 77A</i>	<i>10105</i>	

GENERAL LICENSEE USER INFORMATION

NAME OF GENERAL LICENSEE USER <i>SHURTAPPE</i>	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) <i>1620 HIGHLAND AVE HICKORY NC 28603</i>
DEPARTMENT <i>MANUFACTURING</i>	

INFORMATION ON DEVICE(S) RECEIVED

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)
<i>7/31/01</i>	<i>BETA GAUGE</i>	<i>SCL 77A</i>	<i>9475</i>	<i>2</i>
<i>7/31/01</i>	<i>↓</i>	<i>↓</i>	<i>9550</i>	
<i>7/31/01</i>	<i>↓</i>	<i>↓</i>	<i>9551</i>	

GENERAL LICENSEE USER INFORMATION

NAME OF GENERAL LICENSEE USER <i>GAF</i>	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) <i>436 OLD MOUNTAIN RD DUDLEY NC 28333</i>
DEPARTMENT <i>PRODUCTION</i>	

INFORMATION ON DEVICE(S) RECEIVED

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)
<i>8/14/01</i>	<i>BETA GAUGE</i>	<i>SUP 77A</i>	<i>1203</i>	<i>2</i>
<i>2</i>	<i>2</i>	<i>2</i>	<i>2</i>	

GENERAL LICENSEE USER INFORMATION

NAME OF GENERAL LICENSEE USER <i>SAPPI FINE PAPER</i>	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) <i>89 CUMBERLAND ST WESTBROOK ME 04098</i>
DEPARTMENT <i>PRODUCTION</i>	

INFORMATION ON DEVICE(S) RECEIVED

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)
<i>8/21/01</i>	<i>BETA GAUGE</i>	<i>SCL 77A</i>	<i>9338</i>	<i>2</i>
<i>↓</i>	<i>↓</i>	<i>↓</i>	<i>9350</i>	

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NRC FORM 653A

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10 CFR 32

U.S. NUCLEAR REGULATORY COMMISSION

TRANSFERS OF INDUSTRIAL DEVICES REPORT (Continuation)

For each "person" to whom a device(s) has been received during the reporting period, supply the following:

GENERAL LICENSEE USER INFORMATION

NAME OF GENERAL LICENSEE USER <i>SAINT GOBAIN VETROTEX</i>	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) <i>475 WALNUT GATE RD RUSSELLVILLE AL 35654</i>
DEPARTMENT <i>Production</i>	

INFORMATION ON DEVICE(S) RECEIVED

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)
<i>8/28/01</i>	<i>Beta GAUGE</i>	<i>SLH 77A</i>	<i>9372</i>	
<i>2</i>	<i>2</i>	<i>2</i>	<i>2</i>	

GENERAL LICENSEE USER INFORMATION

NAME OF GENERAL LICENSEE USER <i>VCF FILMS</i>	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) <i>1100 SUTTON ST HOWELL MI 48843</i>
DEPARTMENT <i>MANUFACTURING</i>	

INFORMATION ON DEVICE(S) RECEIVED

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)
<i>8/23/01</i>	<i>Beta GAUGE</i>	<i>ASC-185</i>	<i>KA 550</i>	
<i>2</i>	<i>7</i>	<i>2</i>	<i>7</i>	

GENERAL LICENSEE USER INFORMATION

NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)
DEPARTMENT	

INFORMATION ON DEVICE(S) RECEIVED

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)

GENERAL LICENSEE USER INFORMATION

NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)
DEPARTMENT	

INFORMATION ON DEVICE(S) RECEIVED

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)

TRANSFERS OF INDUSTRIAL DEVICES REPORT (Continuation)

For each "person" to whom a device(s) has been received during the reporting period, supply the following:

GENERAL LICENSEE USER INFORMATION

NAME OF GENERAL LICENSEE USER <i>ELK Corp.</i>	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) <i>6200 ZORNER ROAD Shafter, CA 93263</i>
DEPARTMENT	

INFORMATION ON DEVICE(S) RECEIVED

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)
<i>9/7/01</i>	<i>beta Gauge</i>	<i>SIF-01</i>	<i>3545 BC</i>	<i>MAGSUNEX Corp.</i>
<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>

GENERAL LICENSEE USER INFORMATION

NAME OF GENERAL LICENSEE USER <i>P&I Nonwovens</i>	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) <i>Weymouth Road Landisville, NJ 08326</i>
DEPARTMENT	

INFORMATION ON DEVICE(S) RECEIVED

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)
<i>9/24/01</i>	<i>beta Gauge</i>	<i>ASC185</i>	<i>KA650</i>	<i>Eurotherm Gauging Systems</i>
<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>

GENERAL LICENSEE USER INFORMATION

NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)
DEPARTMENT	

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GENERAL LICENSEE USER INFORMATION

NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)
DEPARTMENT	

INFORMATION ON DEVICE(S) RECEIVED

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)