



Patriot Coal Corporation
202 Laidley Tower
PO Box 1233
Charleston, West Virginia 25324
304.344.0300
www.patriotcoal.com

May 2, 2013

Director, Office of Federal and State Materials
And Environmental Management Programs
U. S. Nuclear Regulatory Commission
11545 Rockville Pike
Rockville, MD 20852-2738

Cert. Mail 7003 2260 0005 6165 2540

RE: GENERAL LICENSE ANNUAL REGISTRATION
EASTERN ASSOCIATED COAL, LLC
LICENSE NO. GL-40529-17

Dear Director;

Attached please find the completed General License Registration Package for the above mentioned facility.

If you have any questions or if you require additional information please call me at 304-340-1865.

Sincerely,

A handwritten signature in blue ink, appearing to read "Mark Akers", is written over a horizontal line.

Mark Akers
Director Environmental Compliance

XC: File

FSMEIO



U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

EXPIRES: 03/31/2010

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 Records and FOIA/Privacy Services Branch (T-5 F52), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollections@nrc.gov to the Desk Officer, Office of Information and Regulatory Affairs (NFO-10202, (3150-0000). 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.

GL-40529-17

Company Name: EASTERN ASSOCIATED COAL LLC

[illegible]

Department: ENVIRONMENTAL ENGINEER

[illegible]

Address Line 1: P.O. BOX 1233

[illegible]

Address Line 2: 500 LEE STREET

[illegible]

City: CHARLESTON

[illegible]

State: WV

<p>1. Name of the person or organization that is the subject of the report</p> <p>2. Address of the person or organization that is the subject of the report</p> <p>3. City, State, and Zip of the person or organization that is the subject of the report</p> <p>4. Date of the report</p> <p>5. Name of the person or organization that is the subject of the report</p> <p>6. Address of the person or organization that is the subject of the report</p> <p>7. City, State, and Zip of the person or organization that is the subject of the report</p> <p>8. Date of the report</p> <p>9. Name of the person or organization that is the subject of the report</p> <p>10. Address of the person or organization that is the subject of the report</p> <p>11. City, State, and Zip of the person or organization that is the subject of the report</p> <p>12. Date of the report</p>	<p>1. Name of the person or organization that is the subject of the report</p> <p>2. Address of the person or organization that is the subject of the report</p> <p>3. City, State, and Zip of the person or organization that is the subject of the report</p> <p>4. Date of the report</p> <p>5. Name of the person or organization that is the subject of the report</p> <p>6. Address of the person or organization that is the subject of the report</p> <p>7. City, State, and Zip of the person or organization that is the subject of the report</p> <p>8. Date of the report</p> <p>9. Name of the person or organization that is the subject of the report</p> <p>10. Address of the person or organization that is the subject of the report</p> <p>11. City, State, and Zip of the person or organization that is the subject of the report</p> <p>12. Date of the report</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Zip Code: 25301 -

--	--	--	--	--

--	--	--	--

Category:

--	--

Packet Receipt Date (MMDDYYYY):

--	--	--	--	--	--	--	--	--

Accession Number:

[illegible]



GL-40529-17
04/11/2013

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: AKERS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name: MARK

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Initial: E

--

Telephone: (304) 340-1865

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Extension:

--	--	--	--	--	--	--	--	--	--

Title: DIRECTOR ENVIRON COMP

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Enter the mailing address where correspondence regarding your device(s) should be sent.
This address should be specific to the use or storage location of your device(s).**

Department: ENVIRONMENTAL ENGINEER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address Line 1: P.O. BOX 1233

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address Line 2: 500 LEE STREET

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City: CHARLESTON

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State: WV

--	--

Zip Code: 25301 -

--	--	--	--	--	--

--	--	--	--	--	--



GL-40529-17

04/11/2013

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.

NRC Device Key **681541** **(Internal Control Number)**

Distributor/Distributed By: SCAN TECHNOLOGIES, INC.

[illegible]

Distributor License Number: GA1299-1

[illegible]

Manufacturer Name: SCAN TECHNOLOGIES, INC.

[illegible]

Device Model (Not Source Model): 2600

[illegible]

Device Serial Number: 3442

[illegible]

Transfer Date (Receipt Date): 09/16/2000

--	--	--	--

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

MM

DD

YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	AM241	100.000000000	mCi
2			
3			
4			
5			
6			



GL-40529-17
04/11/2013

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>)

Mark (ah)

5/2/13

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-40529-17
04/11/2013



SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

SECTION 6

PAGE 1 of 1

NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: