

**TRANSFERS OF INDUSTRIAL  
DEVICES REPORT  
(TO GENERAL LICENSEES)**

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

Estimated burden per response to comply with this mandatory collection request: 36 minutes. NRC requests quarterly reports to keep apprised of device movements. Send comments regarding the burden estimate to the FOIA, Privacy, and Information Collections Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@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.

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

NAME OF VENDOR Endress+Hauser, Inc.	REPORTING PERIOD	
	FROM	TO
LICENSE NUMBER 13-32721-01	04/01/2014	06/30/2014

**INTERMEDIATE PERSON(S) (if any)**

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE Louis Dreyfus Agri Ind., LLC	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 7344 South State Rd. 15 Claypool, IN 46510	
NAME OF RESPONSIBLE INDIVIDUAL Michael Parker	TELEPHONE (574) 566-2159	
TITLE OF RESPONSIBLE INDIVIDUAL RSO		

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
05/20/2015	Process Measurement	FQG60	K400120113F	Cs137	50 mCi
05/20/2015	Process Measurement	FQG60	K400130113F	Cs137	50 mCi

**INTERMEDIATE PERSON(S) (if any)**

NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE	MAILING ADDRESS AT THE LOCATION OF USE (No., P.O. Boxes, include Zip Code)	
NAME OF RESPONSIBLE INDIVIDUAL	TELEPHONE	
TITLE OF RESPONSIBLE INDIVIDUAL		

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS