



U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0198

EXPIRES: 04/30/2016

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, Privacy, and Information Collections Branch (T-5 F53), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollections.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0198), 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.

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.

General License

SECTION 1 - GENERAL LICENSEE INFORMATION**Registration Number**

GL-704780-20

Enter the company name and the street address/physical location of use for your device(s). For portable devices, specify the primary storage location. Do not use a P.O. Box address.

Company Name: ROCKSPRING DEVELOPMENT, INC

[illegible]

Department: PLANT

[illegible]

Address Line 1: CONTY ROAD ROUTE 28

COUNTY	ROAD	ROUTE	28		
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Address Line 2:

[illegible]

City: EAST LYNN

[illegible]

State: WV

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Zip Code: 25512 -

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For NRC Use Only <i>(Do not write here)</i>	Category:
	<div style="border: 1px solid black; width: 80px; height: 40px;"></div>
	Packet Receipt Date (MMDDYYYY):
	<div style="border: 1px solid black; width: 400px; height: 40px;"></div>
	Accession Number:
	<div style="border: 1px solid black; width: 700px; height: 40px;"></div>

GLTS



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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: ~~NEWSOME~~

N E W S O M E

First Name: ~~WILLIAM~~

W I L L I A M

Middle Initial: ~~W~~

G

Telephone: ~~(804) 849-3730~~

3 0 4 3 6 9 8 8 4 1

Extension: 210

Title: CURRENT SAFETY OFFICER

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: PLANT

Address Line 1: P.O. BOX 390 EAST

Address Line 2:

City: EAST LYNN

State: WV

Zip Code: 25512 -





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SECTION 2

PAGE 1 of 9

Distributor/Distributed By: KAY-RAY/SENSALL, INC.

[illegible][illegible][illegible][illegible][illegible]

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☒ 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	CS137	100.000000000	mCi
2			
3			
4			
5			
6			





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SECTION 2

Our records indicate that you have these devices. Please update the information as necessary.

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NRC Device Key **496931** **(Internal Control Number)**

Distributor/Distributed By: KAY-RAY/SENSALL, INC.

[illegible]

Distributor License Number: IL-01010-02

[illegible]

Manufacturer Name: KAY-RAY/SENSALL, INC.

[illegible]

Device Model (Not Source Model): 7062BP

[illegible]

Device Serial Number: S92C2407

[illegible]

Transfer Date (Receipt Date): 11/15/1993

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☒ 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	CS137	100.00000000	mCi
2			
3			
4			
5			
6			





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SECTION 2

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Distributor/Distributed By: KAY-RAY/SENSALL, INC.

[illegible][illegible][illegible][illegible][illegible][illegible]

YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137 <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	100.000000000 <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	mCi <div> <div></div> <div></div> <div></div> </div>
2	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
3	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
4	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
5	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
6	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>



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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

PAGE 4 of 9

Our records indicate that you have these devices. Please update the information as necessary.

NRC Device Key **546665** **(Internal Control Number)**

Distributor/Distributed By: KAY-RAY/SENSALL, INC.

[illegible]

Distributor License Number: IL-01010-02

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Manufacturer Name: KAY-RAY/SENSALL, INC.

[illegible]

Device Model (Not Source Model): 7062BP

[illegible]

Device Serial Number: S96A0410

[illegible]

Transfer Date (Receipt Date): 02/15/1996

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MM

DD

YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137	100.00000000	mCi
2			
3			
4			
5			
6			



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SECTION 2

Our records indicate that you have these devices. Please update the information as necessary.

PAGE 5 of 9

NRC Device Key **546666** **(Internal Control Number)**

Distributor/Distributed By: KAY-RAY/SENSALL, INC.

[illegible]

Distributor License Number: IL-01010-02

[illegible]

Manufacturer Name: KAY-RAY/SENSALL, INC.

[illegible]

Device Model (Not Source Model): 7062BP

[illegible]

Device Serial Number: S96A0411

[illegible]

Transfer Date (Receipt Date): 02/15/1996

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MM

DD

YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137 <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	100.000000000 <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	mCi <div> <div></div> <div></div> <div></div> </div>
2	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
3	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
4	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
5	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
6	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>



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SECTION 2

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[illegible][illegible][illegible][illegible][illegible]

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YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137 <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	100.000000000 <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	mCi <div> <div></div> <div></div> <div></div> </div>
2	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
3	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
4	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
5	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
6	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>





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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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Our records indicate that you have these devices. Please update the information as necessary.

NRC Device Key **754043** **(Internal Control Number)**

Distributor/Distributed By: THERMO FISCHER SCIENTIFIC

[illegible]

Distributor License Number: L03524

[illegible]

Manufacturer Name: THERMO MEASURETECH

[illegible]

Device Model (Not Source Model): 5201

[illegible]

Device Serial Number: B4631

[illegible]

Transfer Date (Receipt Date): 12/07/2006

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☒ 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	CS137	100.000000000	mCi
2			
3			
4			
5			
6			





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SECTION 2

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Distributor/Distributed By: THERMO FISCHER SCIENTIFIC

[illegible][illegible][illegible][illegible][illegible]

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YY YY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137 <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	75.000000000 <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	mCi <div> <div></div> <div></div> <div></div> </div>
2	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
3	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
4	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
5	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
6	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>





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SECTION 2

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Distributor/Distributed By: THERMO FISCHER SCIENTIFIC

[illegible][illegible][illegible][illegible][illegible]

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YYYY

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

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
1	CS137	200.000000000	mCi
2			
3			
4			
5			
6			





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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4

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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)

496929

Transfer Date:

01 07 2016

MM

DD

YYYY

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):

PA-0678

Company Name:

ALARON NUCLEAR SERVICES

Department:

Address Line 1:

2138 STATE ROUTE 18

Address Line 2:

City:

WAMPUM

State:

PA

Zip Code:

16157

Part 3

Enter the name of the individual responsible for this device:

Last Name:

OTLOWSKI

First Name:

MICHAEL

Middle Initial:

Telephone Number:

724

535

5777

Extension:

Title:

RSO



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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4
PAGE 2 of 9

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)

496931

Transfer Date:

01 07 2016

MM

DD

YYYY

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):

PA-0678

Company Name:

ALARON NUCLEAR SERVICES

Department:

Address Line 1:

2138 STATE ROUTE 18

Address Line 2:

City:

WAMPUM

State:

PA

Zip Code:

16157

Part 3

Enter the name of the individual responsible for this device:

Last Name:

OTLOWSKI

First Name:

MICHAEL

Middle Initial:

Telephone Number:

724

535

5777

Extension:

Title:

RSO



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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4

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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)

546664

Transfer Date:

01 07 2016

MM

DD

YYYY

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):

PA-0678

Company Name:

ALARON NUCLEAR SERVICES

Department:

Address Line 1:

2138 STATE ROUTE 18

Address Line 2:

City:

WAMPUM

State:

PA

Zip Code:

16157

Part 3

Enter the name of the individual responsible for this device:

Last Name:

OTLOWSKI

First Name:

MICHAEL

Middle Initial:

Telephone Number:

724

535

5777

Extension:

Title:

RSO



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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4
PAGE 4 of 9

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)

5 4 6 6 6 5

Transfer Date:

01 07 2016

MM

DD

YYYY

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):

PA-0678

Company Name:

ALARON NUCLEAR SERVICES

Department:

Address Line 1:

2138 STATE ROUTE 18

Address Line 2:

City:

WAMPUM

State:

PA

Zip Code:

16157

Part 3

Enter the name of the individual responsible for this device:

Last Name:

OTLOWSKI

First Name:

MICHAEL

Middle Initial:

Telephone Number:

724

535

5777

Extension:

Title:

RSO



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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4
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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)

546666

Transfer Date:

01 07 2016

MM

DD

YYYY

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):

PA-0678

Company Name:

ALARON NUCLEAR SERVICES

Department:

Address Line 1:

2138 STATE ROUTE 18

Address Line 2:

City:

WAMPUM

State:

PA

Zip Code:

16157

Part 3

Enter the name of the individual responsible for this device:

Last Name:

OTLOWSKI

First Name:

MICHAEL

Middle Initial:

Telephone Number:

724

535

5777

Extension:

Title:

RSO



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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4
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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)

722867

Transfer Date:

01

MM

07

DD

2016

YYYY

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):

47-30927-01

Company Name:

HIGHLAND MINING CO., INC.

Department:

Address Line 1:

ROUTE 73 SOUTH

Address Line 2:

PO BOX 1098

City:

HOLDEN

State:

WV

Zip Code:

25625

Part 3

Enter the name of the individual responsible for this device:

Last Name:

BURDETTE

First Name:

SCOTT

Middle Initial:

Telephone Number:

304

239

2300

Extension:

Title:

RSO



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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4
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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)

754043

Transfer Date:

01 07 2016

MM

DD

YYYY

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):

PA-0678

Company Name:

ALARON NUCLEAR SERVICES

Department:

Address Line 1:

2138 STATE ROUTE 18

Address Line 2:

City:

WAMPUM

State:

PA

Zip Code:

16157

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

Last Name:

OTLOWSKI

First Name:

MICHAEL

Middle Initial:

Telephone Number:

724

535

5777

Extension:

Title:

RSO



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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4
PAGE 8 of 9

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)

811537

Transfer Date:

01 07 2016

MM

DD

YYYY

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):

47-30927-01

Company Name:

HIGHLAND MINING CO., INC.

Department:

Address Line 1:

ROUTE 73 SOUTH

Address Line 2:

PO BOX 1098

City:

HOLDEN

State:

WV

Zip Code:

25625

Part 3

Enter the name of the individual responsible for this device:

Last Name:

BURDETTE

First Name:

SCOTT

Middle Initial:

Telephone Number:

304

239

2300

Extension:

Title:

RSO



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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4

PAGE 9 of 9

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)

811538

Transfer Date:

01 07 2016

MM

DD

YYYY

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):

47-30927-01

Company Name:

HIGHLAND MINING CO., INC.

Department:

Address Line 1:

ROUTE 73 SOUTH

Address Line 2:

PO BOX 1098

City:

HOLDEN

State:

WV

Zip Code:

25625

Part 3

Enter the name of the individual responsible for this device:

Last Name:

BURDETTE

First Name:

SCOTT

Middle Initial:

Telephone Number:

304

239

2300

Extension:

Title:

RSO



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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>)

W. G. Newsome
Wm. G. Newsome

5-11-2016

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.





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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: