

March 8, 2018


Attn: Document Control Desk/GLTS
Director, Office of Federal and State
Materials and Environmental Programs
U.S. Nuclear Regulatory Commission
11545 Rockville Pike
Rockville, MD 20852-2738

Re: GL-723379, Request for Title Change

Attn: GLTS

This letter is to report the following changes for general license **GL-723379**. We request a legal entity title change to **Black Castle Mining Co., LLC** formerly Support Mining Company. Included is a copy of **NRC Form 664, Section 1**, dated September 5, 2018 that includes title changes to support this request. If additional information is needed please contact William G. Newsome at Ph. 304/369/8623, Ph.606/831/1598 or by e-mail at wnewsome@alphanr.com.

Sincerely,


Michael T. Jarrell/President
Black Castle Mining Co., LLC

GL - 7 2 3 3 7 9 - 2 3

Date 09/05/2018

NRC FORM 664
(01-2018)
10 CFR 31.5SECTION 1
PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

OMB EXPIRATION DATE: 02/28/2019

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 Information Services Branch (T-2 F43), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.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 - 7 2 3 3 7 9 - 2 3

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

Company Name:

B L A C K C A S T L E M I N I N G C O . , L L C

Department:

A D M I R A L P R O C E S S I N G

Address Line 1:

R O U T E 3

Address Line 2:

City:

P E Y T O N A

State:

W V

Zip Code:

2 5 1 5 4 -

For NRC Use Only
(Do not write here)

Category:

Packet Receipt Date (MMDDYYYY)

Accession Number

GL - 7 2 3 3 7 9 - 2 3

Date 09/05/2018

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:

P E T E R S

First Name:

J O S H U A

Middle Initial:

A

Business Telephone Number:

3 0 4 - 3 6 9 - 8 5 0 0

Extension:

Title:

C U R R E N T S A F E T Y O F F I C E R

Enter the mailing address where correspondence regarding your device(s) should be sent. This address should be specific to the physical location where the devices are used and/or stored.

Department:

P R O C E S S I N G P L A N T

Address Line 1:

P . O . B O X 1 8 9

Address Line 2:

City:

P E Y T O N A

State:

W V

Zip Code:

2 5 1 5 4 -