



A DIVISION OF PACIFICORP

DAVE JOHNSTON STEAM ELECTRIC PLANT

1591 TANK FARM ROAD • GLENROCK, WYOMING 82637 • PHONE (307) 995-5000 • FAX (307) 995-5020

April 29, 2019

Director, Office of Nuclear Material Safety
and Safeguards

ATTN: GLTS

U.S. Nuclear Regulatory Commission
Washington DC 20555-0001

Re: ANNUAL REGISTRATION OF GENERALLY LICENSED DEVICES

Dear Sir or Madam:

Enclosed with this letter please find the 2019 General Licensee Registration information for PacifiCorp's Dave Johnston Plant. There are no corrections required.

Should you have questions or need clarification, please feel free to contact me at (307) 995-5046.

Sincerely,

A handwritten signature in black ink, appearing to read "Alan L. Dugan".

Alan L. Dugan
Dave Johnston Plant Radiation Safety Officer

Enclosure

cc: Dana Ralston – NTO (via e-mail)
Derald Anderson – NTO (via e-mail)
Jim Bolinger – Dave Johnston Plant (via e-mail)



10 CFR 31.5

SECTION 1

PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

OMB EXPIRATION DATE: 04/30/2019

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 FOIA, Privacy, and Information Collection Branch (T-6A10M), 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, (3150-0198), 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
Registration Number**

SECTION 1 - GENERAL LICENSEE INFORMATION

CL-38414-24

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

Company Name: PACIFICORP

[illegible]

Department: DAVE JOHNSTON PLANT

[illegible]

Address Line 1: 1591 TANK FARM ROAD

[illegible]

Address Line 2:

[illegible]

City: GLENROCK

[illegible]

State: WY

Figure 1 consists of two scatter plots side-by-side. The left plot shows a positive correlation between the number of children and the number of mothers, with a regression line. The right plot shows a negative correlation between the number of children and the number of mothers, with a regression line.

Zip Code: 82637

For NRC Use Only
(Do not write here)

Category:

Packet Receipt Date (MMDDYYYY):

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Accession Number:

[illegible]



04/09/2019

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).

[illegible][illegible][illegible]

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	5
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Enter the mailing address where correspondence regarding your device(s) should be sent.

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Figure 1 consists of two scatter plots. The left plot shows a positive correlation between the number of children and the number of children in the household. The right plot shows a negative correlation between the number of children and the number of children in the household.

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SECTION 2

PAGE 1 of 1

Distributor/Distributed By: VEGA Americas, Inc.

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	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
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PAGE 1 of 1

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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4

PAGE 1 of 1

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)

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Transfer Date:

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MM

DD

YYY

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) (Complete Part 2)
- ☐ Returned to Manufacturer (Complete Part 1 only)

Part 2 License Number of Recipient (if transferred to a specific licensee):

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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Company Name:

[illegible]

Department:

[illegible]

Address Line 1:

[illegible]

Address Line 2:

[illegible]

City:

[illegible]

State:

Zip Code:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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Part 3 **Enter the name of the individual responsible for this device:**

Last name:

[illegible]

First name:

Figure 1 displays a series of 12 panels showing the evolution of a turbulent flow. The panels are arranged in two rows of six. The top row shows the initial state and the first five stages of development. The bottom row shows the final stage and the first five stages of a different flow. Each panel contains a grayscale image of a turbulent flow field, with a color bar on the right indicating the magnitude of the flow variable.

Middle Initial:



Business Telephone
Number:

Extension:

Title:

[illegible]



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04/09/2019

SECTION 5 - CERTIFICATION

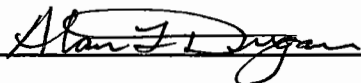
SECTION 5
PAGE 1 of 1

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.

(Copied of applicable regulations may be viewed at the NRC website at:

<http://www.nrc.gov/reading-rm/doc-collections/cfr>)

 04-29-2019

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. 10 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-38414-24
04/09/2019



SECTION 6
PAGE 1 of 1

SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION

NRC Device Key: 793634	Manufacturer License No: 34-00639-04	
Manufacturer Name: OHMART/VEGA CORPORATION		
Model Number: SHLD-1	Serial #: OV0082	Transfer Date: 02/13/2009
Isotope: CS137	Activity: 5	Unit: mCi

NRC Device Key: 793635	Manufacturer License No: 34-00639-04	
Manufacturer Name: OHMART/VEGA CORPORATION		
Model Number: SHLD-1	Serial #: OV0074	Transfer Date: 02/13/2009
Isotope: CS137	Activity: 5	Unit: mCi
