



**ON THE JOB
SINCE 1865.**

Director, Office of Nuclear Material Safety
And Safeguards
ATTN: GLTS
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

DAP Products Inc. no longer is in possession of the attached equipment. This equipment was returned to the manufacturer. Please see the enclosed report.

If you have any questions please feel free to contact me.

Thanks
David Podgornik
Environmental Compliance Manger
DAP Global Inc.
314-354-5060
dpodgornik@dap.com



10 CFR 31.5

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U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

OMB EXPIRATION DATE: 09/30/2022

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, Library, and Information Collections Branch (T-6 A10M), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@nrc.gov, and the OMB reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0196), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503; e-mail: oir_submission@omb.eop.gov. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

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

GL-704598-26

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: DAP PRODUCTS INC

[illegible]

Department: AEROSOL LINE

[illegible]

Address Line 1: 307 INTEGRAM DRIVE

[illegible]

Address Line 2:

[illegible]

City: PACIFIC

[illegible]

State: MO

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Zip Code: 63069

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For NRC Use Only
(Do not write here)

Category:

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Packet Receipt Date (MMDDYYYY):

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Accession Number:

[illegible]



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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: PODGORNIK

[illegible]

First Name: DAVID

[illegible]

Middle Initial: W

7

Business Telephone Number: (314) 354-5060

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Extension:

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Business E-mail Address:

[illegible]

Title: ENVIRONMENTAL MGR

[illegible]

Enter the mailing address where correspondence regarding your device(s) should be sent.

Department:

[illegible]

Address Line 1: 1645 MANUFACTURERS DRIVE

[illegible]

Address Line 2:

[illegible]

City: FENTON

[illegible]

State: MO

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Zip Code: 630262416

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SECTION 2

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

PAGE 2 of 4

[illegible]

Distributor/Distributed By: Industrial Dynamics Company, Ltd.

[illegible]

Distributor License Number: 1586-70GL

[illegible]

Manufacturer name: INDUSTRIAL DYNAMICS CO., LTD.

[illegible]

Device Model (Not Source Model): FT-50-C


[illegible]

Device Serial Number: 5416

[illegible]

Transfer Date: 05/15/1993

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	AM241	100	
2			
3			
4			
5			
6			





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SECTION 2

PAGE 3 of 4

Distributor/Distributed By: Industrial Dynamics Company, Ltd.

[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. 1005)	Unit (e.g. mCi)
1	AM241	100	
2			
3			
4			
5			
6			





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SECTION 2

PAGE 4 of 4


Distributor/Distributed By: Industrial Dynamics Company, Ltd.

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

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DD

YYYY

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

Unit (e.g. mCi)

1 AM241

--	--	--	--	--

100

[illegible]

mCi

--	--	--

2

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[illegible]

--	--	--

3

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[illegible]

--	--	--

4

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[illegible]

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5

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[illegible]

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6

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[illegible]

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SECTION 4

PAGE 1 of 1

Part 1

4	1	8	3	2	4	
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0	7	2	1	2	0	2	2
---	---	---	---	---	---	---	---

YYYY

- ☐ Whereabouts Unknown (Complete Part 1 only)
- ☐ Never Possessed the Device (Complete Part 1 only)
- ☒ Returned to Manufacturer (Complete Part 1 only)

- ☐ Transferred to another general licensee (Complete Parts 2 and 3)
- ☐ Transferred to a Specific Licensee (Not the manufacturer)
(Complete Part 2)

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

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[illegible][illegible]

7

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[illegible]

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 1NRC Device Key:
(from Section 2 or 6)

4 1 8 3 3 8

Transfer Date:

0 7 2 1 2 0 2 2

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

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

Company Name:

Department:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

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

Last name:

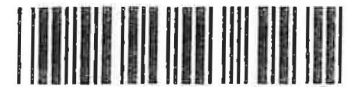
First name:

Middle Initial:

Business Telephone
Number:

Extension:

Title:



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SECTION 4

PAGE 1 of 1

Part 1

Transfer Date:

5	2	4	3	9	4	
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0	7	2	1	2	0	2	2
---	---	---	---	---	---	---	---

MM

DD

Y Y Y Y

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):

[illegible]

Company Name:

[illegible]

Department:

[illegible]

Address Line 1:

[illegible]

Address Line 2:

[illegible]

City:

[illegible]

State:

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Zip Code:

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

Last name:

[illegible]

First name:

[illegible]

Middle Initial:

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Business Telephone
Number:

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Extension:

--	--	--	--	--

Title:

[illegible]



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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)

5 2 4 3 9 5

Transfer Date:

0 7 2 1 2 0 2 2

MM

DD

YYYY

Location of the Device:

- ☐ Whereabouts Unknown (Complete Part 1 only)
- ☐ Never Possessed the Device (Complete Part 1 only)
- ☒ Returned to Manufacturer (Complete Part 1 only)

- ☐ Transferred to another general licensee (Complete Parts 2 and 3)
- ☐ Transferred to a Specific Licensee (Not the manufacturer)
(Complete Part 2)

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

Company Name:

Department:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

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

Last name:

First name:

Middle Initial:

Business Telephone
Number:

Extension:

Title:





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



SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

09-15-2022

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 - DEVICE NOT SUBJECT TO REGISTRATION

SECTION 6

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NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

Isotope:

Activity:

Unit:





FILTEC, Inc.

FIELD SERVICE REMOVAL & SHIPPING CERTIFICATE

AMERICIUM-241 SEALED SOURCES & DEVICES

** FORM MUST BE COMPLETED & RETURNED TO IDC **

Customer Name: DAD Farm Inc
Address: 307 E. 2nd St. N. D.A.
City: Pacific
State: MT
Zip:
Country: USA

Date of Removal: 7-31-22
Telephone:

Machine Model Number:

FT SR
FT SR
FT SR
FT SR

Machine Serial Number:

113593
113719
113838
113839

Source Serial Number

1418
3418
136
137

Reason for Removal (select one)

☐ Out of service - sources removed from machine(s)

Will source(s) be reused by customer?

☐ Yes - When & where☐ No

Disposition of Machine(s)

Will source(s) be returned to IDC?

☐ Yes☐ No - Specific License Number required☒ Transfer of machine(s) with source(s)

Destination:

IDC (N. 3rd St. N. D.A.)

Ship Date

7-31-22☐ Storage of machine(s) with source(s) 12 MO MAX

Future In-use Date

Location:

VERIFICATION OF WORK COMPLETED (Check all)

☒ Wipe Test & Survey completed☒ Package properly prepared per Form 2279 or Drawing 42927-0

Industrial Dynamics will notify agency of removal using Form 230. Reviewed by Customer's Radiation Safety Officer

RSO Name

D.A. D. P. D. D. D.

RSO Name

D.A. D. P. D. D. D.

Service Engineer

M. E. F. D. D.

Service Engineer

M. E. F. D. D.

NOTICE: Please be aware that by entering information into signature fields the submitter forgoes a written signature.



FIELD SERVICE REMOVAL & SHIPPING CERTIFICATE

AMERICIUM-241 SEALED SOURCES & DEVICES

* FORM MUST BE COMPLETED & RETURNED TO IDC **

Customer Name D&D Farm Inc
Address 307 E. 4th Street, TX
City Pacific
State TX
Zip
Country USA

Date of Removal 7-31-22
Telephone

Machine Model Number
FT 50
FT 50
FT 50
FT 50

Machine Serial Number
113593
113719
113839
113839

Source Serial Number
1418
5418
138
137

Reason for Removal (select one)

☐ Out of service - sources removed from machine(s)

Will source(s) be reused by customer

☐ Yes - When & where

☐ No

Disposition of Machine(s)

Will source(s) be returned to IDC

☐ Yes

☐ No - Specific License Number required

☒ Transfer of machine(s) with source(s)

Destination IDC (Tennessee)

Ship Date 7-31-22

☐ Storage of machine(s) with source(s) 12 MO. MAX

Future In-use Date

Location

VERIFICATION OF WORK COMPLETED (Check all)

☒ Wipe Test & Survey completed

☒ Package properly prepared per Form 2279 or Drawing 42927-0

Industrial Dynamics will notify agency of removal using Form 230. Reviewed by Customer's Radiation Safety Officer

RSO Name David Pedersen
(Print)

RSO Name David Pedersen
(Sign)

Service Engineer David Pedersen
(Print)

Service Engineer David Pedersen
(Sign)

NOTICE: Please be aware that by entering information into signature fields the submitter forgoes a written signature.