



GL-710455-18
06/17/2014

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: STICKLER

STICKLER

First Name: TIM

STEVEN

Middle Initial:

Telephone: (574) 233-3116

713 244 3111

Extension: 332

Title: CURRENT SAFETY OFFICER

HEALTH, SAFETY & ENV. DIR.

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: ATTN: TIM STICKLER

ATTN: STEVEN STICKLER

Address Line 1: FOUR STAMFORD PLAZA

2000 WEST SAM HOUSTON

Address Line 2: 107 ELM STREET 7TH FLOOR-

PARKWAY SOUTH SUITE 750

City: SOUTH BEND

HOUSTON

State: IN

TX

Zip Code: 06902--

77042 -





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06/17/2014

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

PAGE 1 of 5

NRC Device Key 49257 (Internal Control Number)

Distributor/Distributed By: TN TECHNOLOGIES, INC.

Empty grid for distributor information

Distributor License Number: L01105

Empty grid for distributor license number

Manufacturer Name: TN TECHNOLOGIES, INC.

Empty grid for manufacturer name

Device Model (Not Source Model): 5202

Empty grid for device model

Device Serial Number: B31

Empty grid for device serial number

Transfer Date (Receipt Date): 01/29/2004

Empty grid for transfer date

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	200.000000000	mCi
	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>





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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

PAGE 2 of 5

NRC Device Key 49258 (Internal Control Number)

Distributor/Distributed By: TN TECHNOLOGIES, INC.

[Empty grid box]

Distributor License Number: L01105

[Empty grid box]

Manufacturer Name: TN TECHNOLOGIES, INC.

[Empty grid box]

Device Model (Not Source Model): 5202

[Empty grid box]

Device Serial Number: B32

[Empty grid box]

Transfer Date (Receipt Date): 01/29/2004

[Empty grid box for date]

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 [Empty grid]	200.000000000 [Empty grid]	mCi [Empty grid]
2	[Empty grid]	[Empty grid]	[Empty grid]
3	[Empty grid]	[Empty grid]	[Empty grid]
4	[Empty grid]	[Empty grid]	[Empty grid]
5	[Empty grid]	[Empty grid]	[Empty grid]
6	[Empty grid]	[Empty grid]	[Empty grid]





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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

SECTION 2

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

PAGE 3 of 5

NRC Device Key 49153 (Internal Control Number)

Distributor/Distributed By: TN TECHNOLOGIES, INC.

[Empty grid box]

Distributor License Number: L01105

[Empty grid box]

Manufacturer Name: TN TECHNOLOGIES, INC.

[Empty grid box]

Device Model (Not Source Model): 5201

[Empty grid box]

Device Serial Number: B45

[Empty grid box]

Transfer Date (Receipt Date): 11/15/1983

[Empty grid box for date]

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 [Empty grid]	100.000000000 [Empty grid]	mCi [Empty grid]
2	[Empty grid]	[Empty grid]	[Empty grid]
3	[Empty grid]	[Empty grid]	[Empty grid]
4	[Empty grid]	[Empty grid]	[Empty grid]
5	[Empty grid]	[Empty grid]	[Empty grid]
6	[Empty grid]	[Empty grid]	[Empty grid]





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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

Transfer Date:

NRC Device Key:
(from Section 2 or 6)

4	9	2	5	7					
---	---	---	---	---	--	--	--	--	--

08	19	20	14
----	----	----	----

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):

L	0	3	5	2	4									
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

Company Name:

T	H	E	R	M	O	F	I	S	H	E	R	S	C	I	E	N	T	I	F	I	C					
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--

Department:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address Line 1:

1	4	1	0	G	I	L	L	I	N	G	H	A	M	L	A	N	E										
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Address Line 2:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City:

S	U	G	A	R	L	A	N	D																			
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State:

T	X
---	---

Zip Code:

7	7	4	7	8				
---	---	---	---	---	--	--	--	--

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

Last Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Initial:

--

Telephone Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Extension:

--	--	--	--	--	--

Title:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--





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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:

Transfer Date:
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:

Telephone Number: Extension:

Title:



Noble Americas South Bend Ethanol LLC ("Noble") is not in possession of the device having NRC Device Key 49153. Noble purchased the ethanol production facility located at 3201 West Calvert, South Bend, IN 46680 from a bankruptcy liquidator and the device was not present on the site when Noble took possession. Noble currently employs some workers who were employed by the previous owner, but they have no recollection of the device either.



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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)

7	1	2	3	0	2
---	---	---	---	---	---

Transfer Date:

06	04	2014
----	----	------

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):

R	-	4	7	2	1	9	-	E	1	9
---	---	---	---	---	---	---	---	---	---	---

Company Name:

C	H	A	S	E	E	N	V	I	R	O	N	M	E	N	T	A	L	G	R	O	U	P
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Department:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address Line 1:

1	0	9	F	L	I	N	T	R	O	A	D											
---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

Address Line 2:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City:

O	A	K	R	I	D	G	E															
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State:

T	N
---	---

 Zip Code:

2	7	8	3	0	-				
---	---	---	---	---	---	--	--	--	--

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

Last Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ivirate Initial:

--

Telephone Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Extension:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--





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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)

Transfer Date:

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:

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 website at:

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



8/19/2014

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 Name:
Model Number:

Manufacturer License No:

Serial #:

Transfer Date:

Request For Shipment of Sealed Sources to Alaron

WI-VE-1109-051.1

Source/Details	Source 1	Source 2	Source 3	Source 4
1. Radionuclide	Ra-226	Ra-226		
2. Total activity Specify Units (TBq or Ci) to right	2 mCi	2 mCi		
3. Reference date for activity (date manufactured) mm/dd/yyyy				
4. Decay corrected activity on shipment date	2 mCi	2 mCi		
5. Source manufacturer (if known)	Stock Equipment Co.	Stock Equipment Co.		
6. Source Serial No. / Model No. / Device License No.	D1440 S/N SE3160	D1440 S/N SE3161		
7. Physical Dimensions of Source Specify Units (cm or in) to right				
8. Source mounted in equipment? If yes, attach drawings / photograph or manufacturer & model no.	Yes	Yes		
9. Date of most recent leak test (attach copy of results) mm/dd/yyyy	7/16/2014	7/16/2014		
10. Source damaged, discolored, leaking, or contaminated? If yes, attach detail	No	No		
11. Does source have special form approval? If yes, supply copy of certificate	No	No		
12. Shipper name & address Chase Environmental Group 109 Flint Road Oak Ridge, TN 37830	13. Shipper contact person Janet Baker Telephone 865-250-4593	14. Delivering carrier SJ Transportation Co., Inc.	15. Shipment Date mm/dd/yyyy 08/04/2014	16. Estimated delivery date mm/dd/yyyy 08/26/2014
17. Source owner company name and address (at source location) Noble Americas South Bend Ethanol 3201 West Calvert St. South Bend, IN 46813	18. Contact person (at source location) Donald Stlger Telephone 574-703-3374 Comments	19. Number of packages 1 Total weight lbs		
20. I attest that the above is complete and accurate				
Janet Baker Printed name of Shipper or Source Owner		<i>Janet Baker</i> Signature of Shipper or Source Owner		7-15-14 Date
<i>Janet Baker</i> Chase approval signature		7-15-14 Date	Alaron approval signature _____ Date _____	

ACKNOWLEDGMENT OF RECEIPT OF RADIOACTIVE MATERIAL

August 19, 2014

Donald Stiger
Nobel Americas South Bend Ethanol
3201 West Calvert Street
South Bend, IN 46613

RMA Number 32612

Attention Donald Stiger:

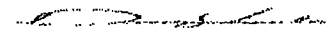
This is to certify that Thermo Fisher Scientific has received and accepted ownership of the radioactive material described below pursuant to applicable regulations and as authorized by our Texas Radioactive Material License L03524.

Manufacturer	Model	Serial	Isotope	Source	Activity Units	Assay
TN TECHNOLOGIES	5202	B31	Cs-137	MB-3755	200 mCi	9/6/1983
TN TECHNOLOGIES	5202	B32	Cs-137	MB-3770	200 mCi	9/6/1983
Summary (2 sources)					400 mCi	

This receipt should be retained in your files as a permanent record showing the disposition of this radioactive material. If you are not the Radiation Safety Officer or responsible for maintaining regulatory records for radioactive material, please forward this letter to the appropriate person.

If you have any questions or require additional assistance, please contact us at (800) 437-7979 or (713) 272-2204

Sincerely,
Thermo Fisher Scientific


Danny Vicente
Nuclear Services Specialist