Fox & Haengel Engineering, Inc.

34071 Glouster Circle Farmington Hills, Michigan 48331

(248) 788-2064

Fax: (248) 788-2753

April 13, 2000

Ms. Shirley Crutchfield U.S. Nuclear Regulatory Commission License Fee and Accounts Receivable Branch P.O. Box 954514 St. Louis, MO 63195-4514 CO-PPPP CO:060) #

RE: LICENSE FEE PAYMENT

Dear Ms. Crutchfield:

As discussed in our telephone conversation today, attached is our company Check #1024 for the amount of \$620.00 as payment of the balance of our license fee. This check is to replace the previous Check #5070 dated 3-31-00 for the amount of \$620.00.

I was just informed by American Express via letter that Check #5070 was not processed due to my credit card limit being exceeded. At the time the check was written, my credit limit flad not been approached. Apparently subsequent credit card purchases caused the credit limit to be exceeded at the time the check was processed.

I appreciate the timely response of the NRC in processing our license, and apolegize for any inconvenience this may have caused.

Sincerely,

FOX & HAENGEL ENGINEERING INCORPORATED

Timothy J. (Fox, P.E.

President

U.S. NUCLEAR REGULATOR 5-1998) LICENSE FEE REQUIREMENTS	U.S. Nuclear Regulatory Commission License Fee and Accounts Receivable Branch P. O. Box 954514 St. Louis, MO 63195-4514			
FOX & HAENGEL ENGINEERING, INC. ATTN: GUS HAENGEL, VP 34071 GLOUSTER CIRCLE FARMINGTON HILLS, MI 48331	TYPE OF ACTION NEW LICENSE RENEWAL OF LICENSE AMENDMENT TO LICENSE REQUESTED DATE 02/20/2000 LICENSE NUMBER			
	CONTROL NUMBER 306143			
	II. FEE NOT REQUIRED			
I. APPLICATION FEE DUE Your request for a licensing action is subject to the fee(s) in the oategory(les) noted below in accordance with Section 170.31 of 10 CFR Parl 170. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.	Check Enclosed Is your chack which Number accompanied your request. The fee is not required because:			
APPLICATION RENEWAL AMENDMENT	Check We received your check listed in Number payment of the fee.			
3P \$ 1,300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Date of Request us that your request is to be considered as a continuation of the request listed.			
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Number			
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Date of Your request was combined, prior Request to review, with the request listed. Control			
\$ 5 5	Number			
\$ 5	III. CHECK RETURNED			
FEE(s) DUE \$ 1,300.00 PAYMENT RECEIVED \$ 680.00 \$ 620.00	Check Number Enclosed is your check which was returned to us by the bank for:			
AMOUNT DUE	INSUFFICIENT FUNDS ACCOUNT CLOSED			
Your request was received without the prescribed application fee.	OTHER			
We received your check listed below. Payment of the additional fee noted above is required. MAIL THE REPLACEMENT CHECK TO THE ADDRESS LISTED AT THE TOP OF THIS FORM AND REFERENCE THE ABOVE CONTROL NUMBER.				
Your request will increase the scope of your license program. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(d)(2).	IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE License Number The fisted license was issued without the required fee being collected. The fee required is			
Your license expired prior to the receipt of your application for renewal. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(e).	Number noted in Section 1 of this form. Date Issued			
MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM THE DATE LISTED BELOW, WE SHALL ASSUME THAT YOU DO NOT. WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS The scope of your licensed program was increased. request is subject to the application fee(s) noted in Second form. Refer to Section 170:31 and Footnote-1(d)(2). Recause of the urgency of your request, the license of the prescribed fee noted in Second form.				
THE DATE LISTED BELOW; WE SHALL ASSUME THAT YOU DO NOT: WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS ACTION.	Herenise of the urgency of your request, the license was issued without remittance of the prescribed fee noted in Section 1 of this form.			
SIGNATURE - LICENSEFEE MALVET/	DATE			
SHIRLEY FRUTCHFIELD -	(LEAVE BLANK) 03/29/2000			

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Farmington Kill, MI, 48331
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