

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Materials Licensing Branch

SUBJECT: VOIDED APPLICATION

Control Number: 315378

Applicant: Jackson County Schneck Memorial Hospital

License Number: 13-05605-01

Docket Number: 030-01622

Date Voided: July 18, 2006

Reason for Void: The licensee requested that a current AU be authorized for I-131. The licensee did not provide an adequately completed 313A form. This matter was discussed with the RSO on July 18, 2006. The licensee will gather the information needed and will resubmit at a later date. This action is voided without prejudice.

Jaye Semmes
Signature

7/19/06
Date

Attachment:
Official Record Copy of
Voided Action
FOR LFMB USE ONLY

☐ Refund Authorized and processed

☐ No Refund Due

☐ Fee Exempt or Fee Not Required

Comments: _____ Log completed _____

Processed by: _____
