



777 Avenue H - Powell, WY 82435
Phone (307) 754-2267 - Fax (307) 754-3176 - www.pvhc.org

RECEIVED

AUG 06 2008

DNMS

FACSIMILE TRANSMITTAL SHEET

DATE/TIME	8-6-08 1431 HRS	NUMBER OF PAGES (INCLUDING THIS ONE)	2
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TO:	NAME	Joekie Cook
	COMPANY	NRC
	FAX NUMBER	817 8608263
	PHONE NUMBER	

FROM:	NAME	Tom Gray
-------	------	----------

Joekie: Thank you for the call. We are trying to get approval to transfer our sources - Then we were going to complete the survey's for release of the area's where Radioactive Material was used.

Thanks
Tom

THIS TRANSMISSION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE.

<p>NRC FORM 314 (4-2008) 10 CFR 30.38(d)(1); 40 CFR 201.11; 70 CFR 201.11; and 72 CFR 101.03(1)(1)</p> <p>CERTIFICATE OF DISPOSITION OF MATERIALS</p>	<p>U.S. NUCLEAR REGULATORY COMMISSION</p>	<p>APPROVED BY OMB: NO. 3160-0028</p> <p>Estimated burden per response to comply with this mandatory collection request: 30 minutes. This submittal is used by NRC as part of the basis for its determination that the facility is released for unrestricted use. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (7-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to: info.comments@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NRCB-10202, (3160-0028), 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.</p>	<p>EXPIRES: 08/31/2018</p>
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<p>LICENSEE NAME AND ADDRESS</p> <p>Powell Hospital District dba Powell Hospital & Nursing Home 777 Ave H Powell, NY 82435</p>	<p>LICENSE NUMBER 49-23163-01</p> <p>LICENSE EXPIRATION DATE 7-31-2011</p>	<p>DOCKET NUMBER 030-20328</p>
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This license has expired. **A. LICENSE STATUS (Check the appropriate box)** This license has not yet expired; please terminate it. *We are in process of closing*

B. DISPOSAL OF RADIOACTIVE MATERIAL
(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)

The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:

1. No radioactive materials have ever been procured or possessed by the licensee under this license.

2. All activities authorized by this license have ceased, and all radioactive materials procured and/or possessed by the licensee under this license number cited above have been disposed of in the following manner: *(Waiting for NRC Approval)*

a. Transfer of radioactive materials to the licensee listed below: *West Park Hospital*
License # 49-18230-01
Docket # 030-14695

b. Disposal of radioactive materials:

1. Directly by the licensee:

2. By licensed disposal site:

3. By waste contractor:

c. All radioactive materials have been removed such that any remaining residual radioactivity is within the limits of 10 CFR Part 20, Subpart E, and is ALARA.

Not yet waiting for NRC Approval

C. SURVEYS PERFORMED AND REPORTED

1. A radiation survey was conducted by the licensee. The survey confirms:

a. the absence of licensed radioactive materials

b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.

2. A copy of the radiation survey results: *We are planning to do surveys & drawing of all areas where radioactive materials used.*

a. is attached; or b. is not attached (Provide explanation); or c. was forwarded to NRC on _____

3. A radiation survey is not required as only sealed sources were ever possessed under this license, and

a. The results of the latest leak test are attached; and/or b. No leaking sources have ever been identified.

NOT yet completed

The person to be contacted regarding the information provided on this form:

<p>NAME: <i>Tom Asay</i></p> <p>Address: <i>777 Ave H Powell NY 82435</i></p>	<p>TITLE: <i>Department Director</i></p>	<p>TELEPHONE (Include Area Code): <i>307.754.1273</i></p> <p>EMAIL ADDRESS: <i>TASAY@PUHC.ORG</i></p>
---	--	---

C. CERTIFYING OFFICIAL

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

<p>PRINTED NAME AND TITLE <i>Tom Asay</i></p>	<p>SIGNATURE <i>Tom Asay</i></p>	<p>DATE <i>8-5-08</i></p>
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WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECT. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

#2



DATE: 7-17-08

RECEIVED

JUL 21 2008

DNMS

TO: Nuclear Regulatory Commission
Nuclear Materials Licensing Branch Region IV
611 Ryan Plaza Drive
Arlington, TX 76011

FROM: Powell Hospital District
dba Powell Hospital & Nursing Home
777 Ave. H
Powell, WY 82435

RE: License No. 49-23163-01, Docket No. 030-20328

Attachments: Proposal, Leak tests

We are in the process of closing our Nuclear Medicine Program at Powell Hospital. We have returned all of our generators. We would like to transfer ownership of our calibration sources to West Park Hospital - License No. 49-18230-01, Docket No.030-14695 and have attached a proposal to do this.

The sources in the proposal are:
Serial No. 27915C (BA-133)
Serial No. 2060385A-05 (CO-57)
Serial No. S8023004-9 (CS-137)
Serial No. 11816-40 (CS-137)
See attached leak tests.

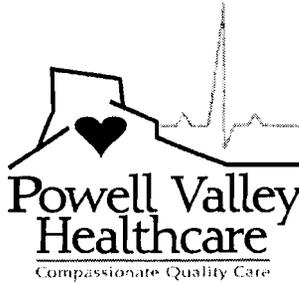
Please let us know if the transfer is acceptable.

CC:
File

777 Avenue H * Powell, WY 82435 * Phone (307) 754-2267 or 1-800-428-1398 * Fax (307) 754-3176 * www.pvhc.org

Powell Valley Hospital Powell Valley Care Center Powell Valley Hospice Powell Valley Home Care
The Heartland Mountain View Medical Center Practice Management Associates

No 4 7 1 8 8 1



7/16/08

Proposal to transfer ownership and transport calibration sources from Powell Hospital License No. 49-23163-01 to West Park Hospital license No.49-18230-01.

1. We have acquired a United States Military Ammo can, this ammo can has a rubber sealed latching lid (This is printed on the side-800 cartridge 5.56MM Ball M855 M27 Link LC-94E104-069). We plan to place Radioactive stickers on all sides of the can. We plan to line the inside with foam creating a snug fit for the sources. The Can will be scanned empty with a Geiger counter and the reading recorded, also a wipe test of the interior and exterior will be carried out and recorded.
2. We plan to place 4 calibration sources (which were leak tested on 05/08/2008 see attached) into the can. The can will then be latched and taped with caution tape that will be signed by the Powell Hospital RSO and the assisting technologist, then scanned with a Geiger counter and the readings recorded.
3. The RSO of Powell Hospital will have the vehicle that he will use to transport the ammo can scanned by Geiger counter and the area where the ammo can will sit during transport wipe tested before placing ammo can into vehicle, these reading will be recorded. The RSO will then take the ammo can and transport by this vehicle to West Park Hospital 24 miles by paved highway.
4. Upon arriving at West Park Hospital the RSO will remove the Ammo can and carry it into West Park Hospital Nuclear Medicine department. The West Park Hospital RSO and assisting technologist will confirm seal, scan the ammo can with a Geiger counter and wipe test the container, the results will be recorded.
5. The ammo can seal will be cut and the container opened. The interior of the ammo can will be scanned with a Geiger counter and wipe tested, the results will be recorded. The calibration sources will be removed and taken possession of and signed for by the West Park Hospital RSO.
6. The RSO vehicle will be scanned with a Geiger counter and the area where the ammo can sat during transport will be wipe tested upon his return to Powell Hospital and the readings recorded.
7. Transfer of ownership of the calibration sources will be complete.
8. All of the readings and signatures will be recorded on form and sent to the NRC with our release request. (see form attached)

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Powell Valley Hospital

Powell Valley Care Center

Powell Valley Hospice

Powell Valley Home Care

The Heartland

Mountain View Medical Center

Practice Management Associates



Form for transport of calibration sources

1. Date: _____

Time: _____

Location: _____

Geiger counter Serial No: _____ Wipe test counter _____

Ammo can reading 3ft empty: _____

Ammo can surface reading empty: _____

Ammo can outside wipe test reading empty: _____

Ammo can inside wipe test reading empty: _____

Name of person taking readings: _____ Signature of person taking readings: _____

RSO name: _____ RSO signature: _____

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Powell Valley Hospital

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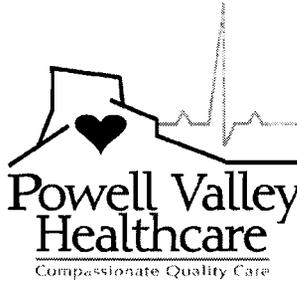
Powell Valley Hospice

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Form for transport of calibration sources

2. Date:

Time:

Location: _____

Geiger counter Serial No: _____ Wipe test counter _____

Ammo can reading at 3ft with sources: _____

Ammo can surface reading with sources: _____

Ammo can outside wipe test reading with sources: _____

Ammo can inside wipe test reading with sources: _____

Ammo can sealed with caution tape and signed.

Name of person taking readings: _____ Signature of person taking readings: _____

RSO name: _____ RSO signature: _____

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471881



Form for transport of calibration sources

3. Date: _____

Time: _____

Location: _____

Geiger counter Serial No: _____ Wipe test counter: _____

RSO vehicle reading before placing ammo can with sources into car: _____

Wipe test of area where ammo can to sit in car: _____

RSO vehicle reading after placing ammo can with sources into car: _____

Name of person taking readings: _____ Signature of person taking readings: _____

RSO name: _____ RSO signature: _____

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Form for transfer of ownership and transport of calibration sources

4. Date: _____

Time: _____

Location: _____

Geiger counter Serial No: _____ Wipe test counter: _____

Ammo can reading 3ft with sources: _____

Ammo can surface reading with sources: _____

Ammo can outside wipe test reading with sources: _____

Verification of signed tape seal.

Name of person taking readings: _____ Signature of person taking readings: _____

Powell Hospital RSO name: _____ RSO signature: _____

West Park Hospital RSO name: _____ RSO signature: _____

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Form for transfer of ownership and transport of calibration sources

5. Date:

Time:

Location: _____

Geiger counter Serial No: _____ Wipe test counter _____

Signed seal broken and ammo can opened.

Ammo can reading at 3ft with sources: _____

Ammo can surface reading with sources: _____

Ammo can inside wipe test reading with sources: _____

Sources taken possession of and ownership by West Park Hospital

Name of person taking readings: _____ Signature of person taking readings: _____

Powell Hospital RSO name: _____ RSO signature: _____

West Park Hospital RSO name: _____ RSO signature: _____



Form for transport of calibration sources

6. Date: _____

Time: _____

Location: _____

Geiger counter Serial No: _____ Wipe test counter: _____

RSO vehicle used for transporting sources: _____

Vehicle inside Geiger counter reading: _____

Vehicle area where ammo can set wipe test reading: _____

Ammo can reading 3ft empty: _____

Ammo can surface reading empty: _____

Ammo can outside wipe test reading empty: _____

Ammo can inside wipe test reading empty: _____

Name of person taking readings: _____ Signature of person taking readings: _____

RSO name: _____ RSO signature: _____

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Powell Valley Hospital

Powell Valley Care Center

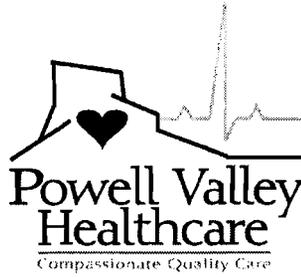
Powell Valley Hospice

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The Heartland

Mountain View Medical Center

Practice Management Associates



7.

West Park Hospital License No. 49-18230-01, Docket No. 030-14695 takes possession and ownership of the following sources from Powell Hospital License No. 49-23163-01, Docket no.030-20328:

BA-133 - Serial No. 27915C
CO-57 - Serial No. 2060385A-05
CS-137 - Serial No. S8023004-9
CS-137 - Serial No. 11816-40

Name of representative of West Park hospital

Signature of representative of West Park hospital

Date: _____

Name of RSO of West Park Hospital

Signature of RSO of West Park hospital

Date: _____

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Powell Valley Hospital

Powell Valley Care Center

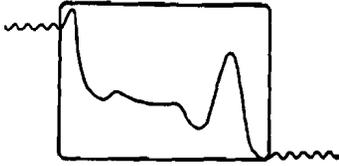
Powell Valley Hospice

Powell Valley Home Care

The Heartland

Mountain View Medical Center

Practice Management Associates



Monitoring Services

P.O. BOX 266677 . HOUSTON, TEXAS 77207-6677 . AREA CODE 713-478-6820 . FAX 281-532-0929

SEALED SOURCE LEAK TEST CERTIFICATE

TOM ASAY
POWELL HOSPITAL & NURSING HOME
777 AVENUE H

CUSTOMER #: 244

POWELL

WY
82435

SOURCE #: 9019

ACCOUNT #: 869P

RADIONUCLIDE: BA-133

ACTIVITY: 0.000226 CI

SERIAL NO: 27915C

WIPE DATE 4/26/2008

EFFICIENCY: 0.995

GROSS CPM: 27 BKG CPM: 16 NET CPM: 11

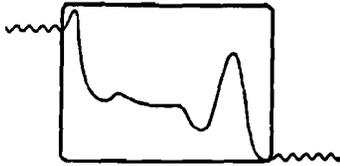
$\frac{\text{NET CPM}}{\text{EFF} \times 2.22 \times 10^6 \text{ DPM/u CI}} = \text{MICROCURIE}$

THE ABOVE SOURCE WIPE TEST HAS BEEN ASSAYED IN ACCORDANCE WITH OUR RADIOACTIVE MATERIAL LICENSE AND THE APPROPRIATE REGULATORY REQUIREMENTS. THE REGULATIONS DEFINE A LEAKING SOURCE AS ONE FROM WHICH AN APPROPRIATE WIPE TEST HAS REMOVED 0.005 (5.0X10E-3) MICROCURIE OR MORE OF ACTIVITY.

THE REMOVABLE ACTIVITY WAS: 4.98E-06 MICROCURIE

ASSAY NO.: 5/8/2008 26 DATE: 5/9/2008

ASSAYED BY:



Monitoring Services

P.O. BOX 266677 . HOUSTON, TEXAS 77207-6677 . AREA CODE 713-478-6820 . FAX 281-532-0929

SEALED SOURCE LEAK TEST CERTIFICATE

TOM ASAY
POWELL HOSPITAL & NURSING HOME
777 AVENUE H

CUSTOMER #: 244

POWELL

WY
82435

SOURCE #: 1879

ACOUNT #: 869P

RADIONUCLEIDE: CO-57

ACTIVITY: 0.002089 CI

SERIAL NO: 2060385A-05

WIPE DATE 4/26/2008

EFFICIENCY: 0.652

GROSS CPM: 31 BKG CPM: 16 NET CPM: 15

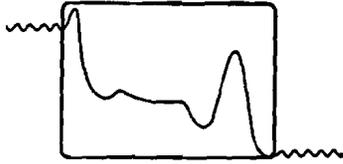
$\frac{\text{NET CPM}}{\text{EFF} \times 2.22 \times 10^6 \text{ DPM/u CI}} = \text{MICROCURIE}$

THE ABOVE SOURCE WIPE TEST HAS BEEN ASSAYED IN ACCORDANCE WITH OUR RADIOACTIVE MATERIAL LICENSE AND THE APPROPRIATE REGULATORY REQUIREMENTS. THE REGULATIONS DEFINE A LEAKING SOURCE AS ONE FROM WHICH AN APPROPRIATE WIPE TEST HAS REMOVED 0.005 (5.0X10E-3) MICROCURIE OR MORE OF ACTIVITY.

THE REMOVABLE ACTIVITY WAS: 1.04E-05 MICROCURIE

ASSAY NO.: 5/8/2008 25 DATE: 5/9/2008

ASSAYED BY:



Monitoring Services

P.O. BOX 266677 . HOUSTON, TEXAS 77207-6677 . AREA CODE 713-478-6820 . FAX 281-532-0929

SEALED SOURCE LEAK TEST CERTIFICATE

TOM ASAY
POWELL HOSPITAL & NURSING HOME
777 AVENUE H

CUSTOMER #: 244

POWELL

WY
82435

SOURCE #: 3019

ACCOUNT #: 869P

RADIONUCLIDE: CS-137

ACTIVITY: 0.000034 CI

SERIAL NO: S8023004-9

WIPE DATE 4/26/2008

EFFICIENCY: 0.95

GROSS CPM: 27 BKG CPM: 16 NET CPM: 11

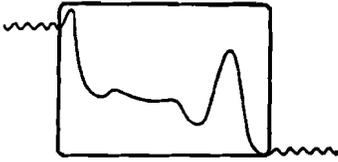
$\frac{\text{NET CPM}}{\text{EFF} \times 2.22 \times 10^6 \text{ DPM/u CI}} = \text{MICROCURIE}$

THE ABOVE SOURCE WIPE TEST HAS BEEN ASSAYED IN ACCORDANCE WITH OUR RADIOACTIVE MATERIAL LICENSE AND THE APPROPRIATE REGULATORY REQUIREMENTS. THE REGULATIONS DEFINE A LEAKING SOURCE AS ONE FROM WHICH AN APPROPRIATE WIPE TEST HAS REMOVED 0.005 (5.0×10^{-3}) MICROCURIE OR MORE OF ACTIVITY.

THE REMOVABLE ACTIVITY WAS: 5.22E-06 MICROCURIE

ASSAY NO.: 5/8/2008 24 DATE: 5/9/2008

ASSAYED BY:



Monitoring Services

P.O. BOX 266677 . HOUSTON, TEXAS 77207-6677 . AREA CODE 713-478-6820 . FAX 281-532-0929

SEALED SOURCE LEAK TEST CERTIFICATE

TOM ASAY
POWELL HOSPITAL & NURSING HOME
777 AVENUE H

CUSTOMER #: 244

POWELL WY
82435

SOURCE #: 9693

ACOUNT #: 869P

RADIONUCLEIDE: CS-137

ACTIVITY: 0 CI

SERIAL NO: 11816-40

WIPE DATE 4/26/2008

EFFICIENCY: 0.95

GROSS CPM: 40 BKG CPM: 16 NET CPM: 24

$\frac{\text{NET CPM}}{\text{EFF} \times 2.22 \times 10^6 \text{ DPM}/\mu \text{ CI}} = \text{MICROCURIE}$

THE ABOVE SOURCE WIPE TEST HAS BEEN ASSAYED IN ACCORDANCE WITH OUR RADIOACTIVE MATERIAL LICENSE AND THE APPROPRIATE REGULATORY REQUIREMENTS. THE REGULATIONS DEFINE A LEAKING SOURCE AS ONE FROM WHICH AN APPROPRIATE WIPE TEST HAS REMOVED 0.005 (5.0×10^{-3}) MICROCURIE OR MORE OF ACTIVITY.

THE REMOVABLE ACTIVITY WAS: 1.14E-05 MICROCURIE

ASSAY NO.: 5/8/2008 23 DATE: 5/9/2008

ASSAYED BY:

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Powell Hospital District, dba License No.: 49-23163-01
 Powell Hospital & Nursing Home
Docket No.: 030-20328 **Mail Control No.:** 471881
Type of Action: Termination **Date of Requested Action:** 07-17-08
Reviewer Assigned: Colleen M. **ARM reviewer(s):** J. Cook

Response	Deficiencies Noted During Acceptance Review
	<input type="checkbox"/> Open ended possession limits. Submit inventory. Limit possession. <input type="checkbox"/> Submit copies of latest leak test results. <input type="checkbox"/> Add IC L.C./Fingerprint LC, add SUNSI markings to license. <input type="checkbox"/> Confirm with licensee if they have NARM material.
<i>done 8-6-08 Cm</i>	LA: Call Licensee and ask them to complete NRC 314 and return to NRC.

Reviewer's Initials: _____ **Date:** _____

<input type="checkbox"/> Yes <input type="checkbox"/> No Request for unrestricted release Group 2 or >. Consult with Bravo Branch. <input type="checkbox"/> Yes <input type="checkbox"/> No Termination request < 90 days from date of expiration <input type="checkbox"/> Yes <input type="checkbox"/> No Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other) <input type="checkbox"/> Yes <input type="checkbox"/> No TAR needed to complete action.
Branch Chief's and/or HP's Initials: _____ Date: _____

SUNSI Screening according to RIS 2005-31	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sensitive and Non-Publicly Available if <u>any</u> item below is checked
General guidance: _____ RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule _____ Exact location of RAM [suite #, bldg. #, location different from mailing address] (whether = or > than Category 3 or not) _____ Design of structure and/or equipment (site specific) _____ Information on nearby facilities _____ Detailed design drawings and/or performance information _____ Emergency planning and/or fire protection systems	
Specific guidance for medical, industrial and academic (above Category 3): _____ RAM quantities and inventory _____ Manufacturer's name and model number of sealed sources & devices _____ Site drawings with exact location of RAM, description of facility _____ RAM security program information (locks, alarms, etc.) _____ Emergency Plan specifics (routes to/from RAM, response to security events) _____ Vulnerability/security assessment/accident-safety analysis/risk assess _____ Mailing lists related to security response	
Branch Chief's and/or HP's Initials: _____	Date: AUG - 5 2008

AUG - 8 2008

DATE

This is to acknowledge the receipt of your letter/application dated 7-17-08, and to inform you that the initial processing, which includes an administrative review, has been performed.

There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card:

The action you requested is normally processed within 90 days.

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 471881.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,



Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02121
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20110731
: Fee Comments: CODE 23
: Decom Fin Assur Reqd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: POWELL HOSPITAL DISTRICT
Received Date: 20080721
Docket No: 3020328
Control No.: 471881
License No.: 49-23163-01
Action Type: Termination

2. FEE ATTACHED
Amount: _____
Check No.: /

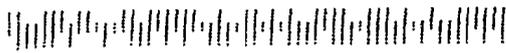
3. COMMENTS

Signed *Callyn Murnahan*
Date 8-01-08

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /_/_/)

1. Fee Category and Amount: _____
2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____
3. OTHER _____

Signed _____
Date _____



5



UNITED STATES POSTAGE
02 84
000419001 JUL 21 2008
MAILED FROM ZIP CODE 76011

RECEIVED
JUL 21 2008
DNMS

Nuclear Regulatory Commission
Nuclear Materials Licensing Branch Region IV
611 Ryan Plaza Drive
Arlington, TX 76011