

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - James R. Mullauer

SUBJECT: VOIDED APPLICATION

Control Number: 318723

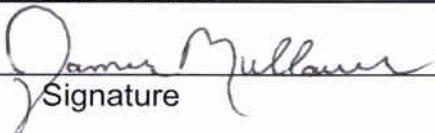
Applicant: Indiana State Department of Health

License Number: 13-06028-02

Docket Number: 030-37731

Date Voided: 3-25-10

Reason for Void: The reviewer spoke to Rex J. Bowser, Division Director, Indoor Air & Radiological Health on 3/25/10. The reviewer was determining the status of their response to the deficiency phone call made on 2/2/10. According to Rex, they have not had time to work on the deficiency information. The reviewer advised Rex that the due date was April 4, 2010 at which time the action would be voided. Rex advised that their request should be voided and that they would resubmit at a later date. A letter of void was sent to the licensee.

  
Signature \_\_\_\_\_ Date 3/25/10

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: \_\_\_\_\_