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.**

James Mullauer 3/25/10

Signature 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:_____