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NOTE TO: License Fee Management Branch, ADM

FROM: Region d

SUBJECT: VOIDED APPLICATION

Control Number 220655

Applicant William H. Kelly, Jr., P.D.

Date Voided 10/24/88

Reason for Void Duplicate central

Signature Ernest P. [unclear]

Attachment:
Application

OK - PMB

ML20
↓

8910160307 881021
REG2 LIC30
47-C2611-03 PDR

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02210
Status Code: 4
Fee Category: 7C
Exp. Date: 19881130
Fee Comments: _____

LICENSE FEE TRANSMITTAL

A. REGION II

1. APPLICATION ATTACHED

Applicant/Licensee: LILLY JR., MD., MILTON J.
Received Date: 881011
Docket No.: 3003377
Control No.: 220655
License No.: 47-02611-03
Action Type: Termination

2. FEE ATTACHED _____

Amount: _____
Check No.: _____

3. COMMENTS

Signed
Date

Rachel Stockstill
12/88

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

1. Fee Category and Amount: **FEE EXEMPT** _____

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____ *termination*
License _____

3. OTHER _____

Signed
Date

K. H. Hession
10/13/88

R1201020

LICENSING TRACKING SYSTEM

DATE: 10/11/88

PAGE: 1

LTS WORKSHEET

DOCKET NO : 03003377 LICENSE NO : 47-02611-03 STATUS: 4
MAIL CONTROL: 220655 RECEIPT DATE : 881011 ACTION TYPE: 5
FED. GOVT : N INST. CODE : 0011 LICENSE REGION: 2
ISSUE DATE: 881117 ORIGINAL DATE: EXPIRATION DATE: 19881130

NAME : LILLY JR., MD., MILTON J.

DEPT/BUREAU: THE EYE & EAR CLINIC OF CHAS. INC.

BUILDING : _____

STREET : 1306 KANAWHA BLVD. E.

CITY : CHARLESTON STATE: WV ZIP: 25301

CONTACT PERSON: W. ALLEN SHELTON II PHONE: _____

PRIMARY PGM CODE : 02210 SECONDARY PGM CODES: _____

INSPECTION REGION: 2 PRIORITY CODE: 5 INSPECTION CATEGORY: G2

RADIATION SAFETY OFFICER: _____

STATES WHERE USE IS AUTHORIZED: 1 0 - ALL LISTED STATES
1 - SAME AS STATE IN ADDRESS
2 - ALL STATES
3 - NON-AGREEMENT STATES

AUTHORIZED STATES: _____ (USE ONLY IF ABOVE IS ZERO)

REPORTING IDENTIFICATION SYMBOL: _____

APPROVAL FOR: REDISTRIBUTION: N STORAGE ONLY: N
TEMPORARY JOB SITES: N INCINERATION: N
BURIAL: N

EXEMPTIONS: {1} _____ {2} _____

POSSESSION LIMIT INFORMATION

PAGE: 2

MATERIAL TYPE	SR90	FORM CODE: SS	AGGREGATE CODE: SS
MODEL NUMBER	_____	_____	_____
DESCRIPTION	_____	_____	_____
TOTAL QUANTITY	000000.1000000000	UNIT: CI	_____
OTHER	_____	# SOURCES: _____	_____
MATERIAL TYPE	_____	FORM CODE: _____	AGGREGATE CODE: _____
MODEL NUMBER	_____	_____	_____
DESCRIPTION	_____	_____	_____
TOTAL QUANTITY	_____	UNIT: _____	_____
OTHER	_____	# SOURCES: _____	_____
MATERIAL TYPE	_____	FORM CODE: _____	AGGREGATE CODE: _____
MODEL NUMBER	_____	_____	_____
DESCRIPTION	_____	_____	_____
TOTAL QUANTITY	_____	UNIT: _____	_____
OTHER	_____	# SOURCES: _____	_____
MATERIAL TYPE	_____	FORM CODE: _____	AGGREGATE CODE: _____
MODEL NUMBER	_____	_____	_____
DESCRIPTION	_____	_____	_____
TOTAL QUANTITY	_____	UNIT: _____	_____
OTHER	_____	# SOURCES: _____	_____
MATERIAL TYPE	_____	FORM CODE: _____	AGGREGATE CODE: _____
MODEL NUMBER	_____	_____	_____
DESCRIPTION	_____	_____	_____
TOTAL QUANTITY	_____	UNIT: _____	_____
OTHER	_____	# SOURCES: _____	_____

CERTIFICATE OF DISPOSITION OF MATERIALS

(All items MUST be completed, please print)

LICENSEE NAME AND ADDRESS Milton J. Lilly, Jr., M. D. The Eye and Ear Clinic of Charleston, Inc. 1306 Kanawha Boulevard, East Charleston, West Virginia 25301	LICENSE NUMBER 47-02611-03
	LICENSE EXPIRATION DATE 11-30-83

THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT: (Check and/or complete the appropriate item(s) below.)

A. MATERIALS DATA (Check one and complete, as necessary)

1. NO MATERIALS HAVE EVER BEEN POSSESSED OR PROCURED BY THE LICENSEE UNDER THIS LICENSE.
2. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN TRANSFERRED ON:
- | | | |
|-----------------|---|---|
| DATE
10-7-88 | TO
Hari D. Dubey, Ph.D., M. D.
Professional Center
Calle Goyco
Caguas, PR 00925 | WHICH HAS NRC LICENSE NUMBER
52-25004-01 |
|-----------------|---|---|
3. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN TRANSFERRED ON:
- | | | | |
|------|----|--------------------------|------------------------|
| DATE | TO | WHICH HAS LICENSE NUMBER | ISSUED BY THE STATE OF |
| | | | |
4. MATERIALS HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER. (Describe specific disposal procedures—if additional space is needed, use the reverse of this form, or provide attachments)

RECEIVED BY LHMBS

Date: 10/13/88

By: [Signature]

Date Completed: 10/13/88

FEE EXEMPT

Transmission

B. OTHER DATA

1. OUR LICENSE HAS NOT YET EXPIRED. PLEASE TERMINATE IT.
2. WAS A RADIATION SURVEY CONDUCTED TO CONFIRM THE ABSENCE OF LICENSED RADIOACTIVE MATERIALS AND TO DETERMINE WHETHER ANY CONTAMINATION REMAINS ON THE PREMISES COVERED BY THE LICENSE? (Check one)
- NO
- YES. THE RESULTS (Check one)
- ARE ATTACHED, OR
- WERE FORWARDED TO NRC ON (Date)

3. THE PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM

NAME W. Allen Shelton II, Administrator	TELEPHONE NUMBER (304) 343-4371
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4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO

The Eye and Ear Clinic of Charleston, Inc.

1306 Kanawha Boulevard, East, Charleston, WV 25301

RETURN TO: DIRECTOR, DIVISION OF FUEL CYCLE AND MATERIAL SAFETY OFFICE OF NUCLEAR MATERIAL SAFETY AND SAFEGUARDS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555	CERTIFYING OFFICIAL SIGNATURE: [Signature] PRINTED NAME AND TITLE: W. Allen Shelton II, Administrator DATE: 10-7-88
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Rec'd 10/16/88

220655