JOHN WAIHEE

WFILS

JOHN C. LEWIN, M.D.

STATE OF HAWAII

P. O. BOX 3376 HONOLULU. HAWAII 98801 May 12, 1989

in reply, please refer to: File:

U.S. Nuclear Regulatory Commission, Region V Material Radiation Protection Section 1450 Maria Lane, Suite 210 Walnut Creek, CA 94506

Reference:

License No. 53-16076-01

Expiration Date 06/30/89 Program Code 03123 Docket No. 03-10331 Control No. 70932 A Notice

Dear Sir:

We would like to request renewal of our NRC license. No changes have been made to our program since the last amendment, amendment number 6, dated March 31, 1989.

A renewal fee has not been included since it is our understanding that being a state agency we are exempt. If there are any questions please call me at (808) 548-6325.

Sincerely,

Wanda L. Chang Chemistry Supervisor

Nanda L. Chang

WLC:gkt

72968

Docket No. : 030-10331 License No.: 53-16076-01 Control No.: 70967

State of Hawaii Department of Health P. O. Box 3378 Honolulu, Hawaii 96801

Attention: Wanda L. Chang

Chemistry Supervisor

SUBJECT: LICENSE RENEWAL APPLICATION

## Gentlemen:

This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

Any correspondence regarding this renewal application should reference the control number specified above and your license number.

Sincerely.

Frances Browne

Original Signed

Licensing Assistant Nuclear Materials Safety Section

## Distribution

bcc:

License docket folder (original concurrence) (Peggy) Inspection folder (Peggy) Reading file (Frances) Maurice Messier, LFMB, MNBB 4503

F. Browned 524/89

REQUEST COPY

(FOR LFMS USE) BETWEEN: Program Code: 03123
Status Code: 2
Fee Category: EX 3P
Exp. Date: 19890630
Fee Comments: License Fee Management Branch, ARM and Regional Licensing Sections LICENSE FEE TRANSMITTAL REGION V APPLICATION ATTACHED Applicant/Licensee: Received Date: Docket No: Control No.: License No.: Action Type: HAWAII, STATE OF 890516 3010331 570967 53-16076-01 Renewa 1 FEE ATTACHED Amount: Check No.: 3. COMMENTS Signed Date B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 15 entered 7 EX31 Fee Category and Amount: Correct Fee Paid. Application may be processed for:
Amendment
Renewal
License

Signed Date

J to

OTHER

JOHN WATHER GOVERNOR OF HAWAII



## STATE OF HAWAII DEPARTMENT OF HEALTH

P. O. BOX 3376 HONDLULU, HAWAII 96801 May 12, 1989 JOHN C. LEWIN. M.D. DIRECTOR OF HEALTH

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Nanda L. Chang Wanda L. Chang Chemistry Supervisor

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