

VOID SHEET

TO: License Fee Management Branch
FROM: COLLEEN C. CASEY, RTH
SUBJECT: VOIDED APPLICATION

Control Number: 96400
Applicant: HARPER HOSPITAL
Date Voided: MARCH 8, 1994

Reason for Void: AMENDMENT IS NOT NEEDED.
LICENSEE REQUESTS A POINT OF CONTACT (PERSON)
CHANGE ONLY - NOTHING IN LICENSE ITSELF
NEEDS CHANGING. K.G. NULL CONCURRED ON
THIS DECISION.

Colleen C. Casey 3/8/94
Signature Date

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

Final Review of VOID Completed:

- Refund Authorized and processed
- No Refund Due
- Fee Exempt or Fee not Required

Comments: 9404070200 940308
PDR ADDCK 03002045
C PDR

Log completed
Processed by: JAC
4/15/94

060041

ML
38 DH

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

FOR LFMS USE)
INFORMATION FROM LTS

PROGRAM CODE: 02110
STATUS CODE: 0
FEE CATEGORY: 7C 2B
EXP. DATE: 19950831
FEE COMMENTS: DOWNGRADED W/AMND 78
DECOM FIN ASSUR REQ: N

LICENSE FEE TRANSMITTAL

A. REGION

- APPLICATION ATTACHED
 APPLICANT/LICENSEE: HARPER HOSPITAL
 RECEIVED DATE: 940203
 DOCKET NO: 3002045
 CONTROL NO.: 396400
 LICENSE NO.: 21-04127-02
 ACTION TYPE: AMENDMENT

FEB 22 1994

2. FEE ATTACHED

AMOUNT: _____
CHECK NO.: \$ _____

3. COMMENTS

SIGNED P. DeClaff
DATE 2-7-94

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED / U)

1. FEE CATEGORY AND AMOUNT:

7C 2B **FEE NOT REQUIRED**
Chg. with Fee to Comm.

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:

AMENDMENT _____
RENEWAL _____
LICENSE _____

3. OTHER _____

SIGNED JC
DATE 2/10/94

Wayne State University



Harper Hospital

January 27, 1994

U. S. Nuclear Regulatory Commission
Region III
801 Warrenville Road
Lisle, Illinois 60532

Attention: Licensing Department

Re: Harper Hospital
License No. 21-04127-02
License No. 21-04127-06
License No. 21-04127-07

Dear Sir/Madam:

We are requesting that any and all NRC mailings for Harper Hospital be sent to Shirley L. Green, Vice President Patient Services. Having everything directed to Mrs. Green will help expedite payments and decrease response time on all correspondence to the NRC. Please direct all mailings to:

Shirley L. Green
Vice President Patient Services
Harper Hospital
3990 John R
Detroit, MI 48201

If you have any questions, please write or call me at 313-745-8905.

Sincerely,

Shirley L. Green
Vice President
Patient Services

SLG: jr

RECEIVED BY LFDCB	
Date	<i>Feb 15, 1994</i>
Log	<i>Feb 8 III</i>
By	<i>SL</i>
Date Completed	<i>2/16/94</i>

RECEIVED

FEB 03 1994

REGION III

FEB 3 1994

CONTROL NO. 396400

FEE NOT REQUIRED

*Chg. attn: Fax or
Carry.*

Harper Hospital
3990 John R Detroit, Michigan 48201 313.745.8040

DATE: 2/3

CORRESPONDENCE CLARIFICATION SHEET

REVIEWER: John
LICENSEE: Harper Hoop
LICENSE NUMBER: 21-04127-03, -06, -07
MAIL CONTROL NUMBER: _____

The following correspondence has been received from the above licensee and it is not clear what action(s) is(are) required: Please review this correspondence and indicate which of the following applies, and please return to _____, as soon as possible.

Additional Information to Control No. _____
Process in as a new action, additional information, and no fee required.

Process as new licensing action. Review has already been started on Control No. _____ and this information cannot be combined with current in-house action.

Can be combined with Control No. _____. Review has not been started.

Appears to be a(n) _____

Other: Pat, This is a Mailing address Chng.
NO Fee Amend?
Is amendment required for contact
change? Should I change LTS to reflect
these changes & place in respective files?

*Will advise Casey (who agrees) to
void this out & just put it
in the file!*

Thanks For Your Help!!!

Pat

CONTROL NO. **896400**

DATE: _____

DEFICIENCY MILESTONE TICKLER

REVIEWER: _____

The following licensing action has reached its suspense tickler date of _____ and needs further followup action:

MILESTONE: 14 (Deficiency Letter)

OR

15 (Deficiency Phone Call)

LICENSEE: _____

LICENSE NUMBER: _____

MAIL CONTROL NUMBER: _____

Please indicate which action is required, or should be taken, in the space(s) provided below. Include pending file and other documentation, as appropriate. Please return to _____

Action Required (Check One)

_____ Change/extend tickler date to _____.

_____ A TAR is required, as attached.

_____ A threat to abandon letter has been prepared and is attached.

_____ Action voided by reviewer. A void sheet is attached.

_____ Other: _____
