

VOID SHEET

TO: License Fee Management Branch
FROM: Bob Hutton
SUBJECT: VOIDED APPLICATION

Control Number: 21045
Applicant: Memorial Medical Center of West Michigan
Date Voided: 1-14-91
Reason for Void: Request was granted on
previous action.

Robert D. Hutton Jr. 1-14-91
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: _____

Log completed
Processed by: CP

[FOR LFMS USE]
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02120
Status Code: 0
Fee Category: 7C
Exp. Date: 19910430
Fee Comments: CODE 23

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MEMORIAL MEDICAL CTR. OF WEST MI
Received Date: 901010
Docket No: 3011585
Control No: 321045
License No: 21-16737-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.:

3. COMMENTS

Signed _____
Date: 10-10-90

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

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

(Handwritten signature)

*By R. Williams
will submit w/cap for renewal
rec'd from Kimberly*

CONVERSATION RECORD

TIME 7:30

DATE 1-14-91

TYPE

 VISIT CONFERENCE TELEPHONE INCOMING OUTGOING

ROUTING

NAME/SYMBOL INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Ramon C. Williams

ORGANIZATION (Office, dept., bureau, etc.)

Mem. Med. etc.

TELEPHONE NO.

616
843-2591

SUBJECT

C/N 21045

SUMMARY

- (Q) 1. Is RSO Dr. Feldgauseh?
2. Do they need an amendment?
3. May we void C/N 21045?

- (A) 1. Yes
2. NO
3. Yes

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

ACTION TAKEN

SIGNATURE

Robert H. Hutton Jr.

TITLE

Reviewer

DATE

1-14-91

RECEIVED
JAN 17 AM 1:02
1-14-91

Memorial Medical Center

OF WEST MICHIGAN

030-11565

One Atkinson Drive • Ludington, MI 49431 • (616) 843-2591

MEDICAL IMAGING DEPARTMENT
SEPTEMBER 30, 1990

United States
Nuclear Regulatory Commission
Office of Nuclear Safety and Safeguards
Washington D.C. 20555

Dear Sirs,

Please make a change as indicated on the enclosed sheet for our Radiation Safety Officer. From R.W. Garneau, M.D. to R. Michael Feldpau Jr. M.D.

Thank You.

Sincerely,

Ramon C. Williams

Ramon C. Williams, R.T.
Admin. Dir. Radiology

Oct 12
R. Williams

U.S. MAIL
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES
90 OCT 11 AM 10:42

RECEIVED

RECEIVED
DEC 27 1990
REGION III

REC'D
OCT 10 1990

321045

UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

FIRST CLASS MAIL
POSTAGE & FEES PAID
USNRC
PERMIT NO. 087

MEMORIAL MEDICAL CTR. OF WEST MI
ONE ATKINSON DRIVE
LUDINGTON, MI 49431
ATTN: R.W. GARNEAU, M.D., RAD. SAF. OFCR.

R. Michael Feldpausch, Jr., M.D.

OCT 10 1990

CONVERSATION RECORD

TIME

DATE

10/22/90

TYPE

VISIT

CONFERENCE

TELEPHONE

ROUTING

NAME/SYMBOL INT

INCOMING

OUTGOING

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

ORGANIZATION (Office, dept., bureau, etc.)

TELEPHONE NO.

816-343-2581

Ramon C. Williams Memorial Medical Center

SUBJECT

Change RSO on mailing list
321045 list # 21-16737-01

SUMMARY

According to R Williams this was only to change the mailing address. I informed him that an and would be required to change the RSO and that an and fee was required. Dr Williams will contact R/IT and have them void/withdrawn ~~applied for renewal~~ this (321043)

12/17/90 called R.C. Williams he informed me that no action should be taken on this request. The license expires 4/30/91 and the renewal is being prepared.

ACTION REQUIRED

1) notify R/IT that Dr Williams would be calling

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

OF

10/12/90

ACTION TAKEN

Dr Williams wants to withdraw the and he did not request an and.

SIGNATURE

TITLE

DATE