

VOID SHEET

TO: License Fee Management Branch  
FROM: PTT  
SUBJECT: VOIDED APPLICATION

Control Number: 90678  
Applicant: Comm. St Joe  
Date Voided: 1-23-91  
Reason for Void: \_\_\_\_\_

Amend. not rec. was response & inquiry to demand letter.

9102070355 910123  
REG3 LIC30  
MATL LICENSING PDR

Dmlockhart 1/23/91  
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 [Signature]  
Processed by: \_\_\_\_\_

U.S. MINE & RECLAMATION COMMISSION  
RECEIVED  
DIVISION OF ADMINISTRATION  
91 JAN 28 AMO:32

Doc 4 ET

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM  
AND  
REGIONAL LICENSING SECTIONS

PROGRAM CODE: 02300  
STATUS CODE: 0  
FEE CATEGORY: 7A  
EXP. DATE: 19930630  
FEE COMMENTS:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: IMMANUEL-ST. JOSEPH'S HOSPITAL  
RECEIVED DATE: 901113  
DOCKET NO: 3012962  
CONTROL NO.: 390678  
LICENSE NO.: 22-17557-01  
ACTION TYPE: AMENDMENT

*To Be V. J. ed  
R III needs to  
follow-up  
per Mike McCarroll  
12/28/90*

2. FEE ATTACHED

AMOUNT: -----  
CHECK NO.: -----

3. COMMENTS

SIGNED P. Dittlaff  
DATE 12-13-90

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

1. FEE CATEGORY AND AMOUNT: 7A

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

AMENDMENT -----  
RENEWAL -----  
LICENSE -----

3. OTHER -----  
-----

SIGNED H. Jackson  
DATE 12/28/90

# CONVERSATION RECORD

TIME *8:14 AM*DATE *1-23-91*

TYPE

 VISIT CONFERENCE TELEPHONE INCOMING OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

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

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

TELEPHONE NO.

*Tom Carlson**Imm St Joe*

SUBJECT

*re: Control no. 90678*

SUMMARY

*Mr. Carlson said they will be decommissioning the teletherapy source within 6 mos. I told him to send us a letter to that effect. The letter will close out the DFI letter.*

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

*J M Wackerlo**1-23-91*

ACTION TAKEN

SIGNATURE

TITLE

DATE



# Immanuel - St. Joseph's Hospital

325 Garden Boulevard • P.O. Box 8673 • Mankato, MN 56002-8673 • (507) 625-4031

January 15, 1991

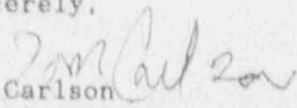
A. Bert Davis - Regional Administrator  
Nuclear Regulatory Commission - Region III  
799 Roosevelt Road  
Glen Ellyn, IL 60137

License # 22-17557-01

Dear Mr. Davis:

On November 8, 1990, I sent a letter to your office requesting more information regarding 10 CFR 30.35 requiring some licensees with quantities of licensed material to submit financial assurance for decommissioning. I am questioning if your office received this letter because as of this date, I have had no communication from your office. I consider all NRC regulations to be very serious and request your help regarding this matter.

Sincerely,

  
Tom Carlson  
Radiology Department Manager

TC/bls

Enclosure

cc: Director of Low Level Waste Management and Decommissioning

RECEIVED  
JAN 17 1991  
REGION III

JAN 17 1991





# Immanuel - St. Joseph's Hospital

325 Garden Boulevard • P.O. Box 8673 • Mankato, MN 56002-8673 • (507) 625-4031

8 November 1990

A. Bert Davis  
Regional Administrator  
Nuclear Regulatory Commission - Region III  
799 Roosevelt Road  
Glen Ellyn, IL 60137

Docet No. 03012962  
License #22-17557-01

Dear Mr. Davis:

This letter is in reference to a letter from your office dated November 2, 1990 referencing 10CF R30.35 of the NRC Regulation requiring some licensees with quantities of licensed material to submit financial assurance for decommissioning.

According to item I of paragraph III outlining the Demand for Information, I do not believe that Immanuel-St. Joseph's Hospital, License #22-17557-01 is subject to 30.35 demand for decommissioning funding insurance. According to our license, our hospital has only one sealed Cobalt-60 source with a maximum of 6000 curies used for the treatment of patients. If in your opinion, a condition should be added to our license stating that we may possess only one source. I would be more than happy to do so, understanding that we will not have more than one source at our facility.

Thank you for your attention.

Sincerely,

Tom Carlson  
Radiology Department Manager

TC/bls

cc: Director of Low Level Waste Management and Decommissioning  
Office of Nuclear Material Safety and Safeguards  
Washington DC 20555



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8 November 1990

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Thank you for your attention.

Sincerely,

Tom Carlson  
Radiology Department Manager

Log	<i>Dec 4 90</i>
Refitter	
Check No.	
Amount	
File Category	
Type of Fee	
Date Check Rec'd.	
Date Completed	
By:	

90 DEC 17 13:25

RECEIVED

TC/bls

cc: Director of Low Level Waste Management and Decommissioning  
Office of Nuclear Material Safety and Safeguards  
Washington DC 20555

NOV 18 1990  
90678