

VOID SHEET

TO: License Fee Management Branch

FROM:

D. A. Petrucci

SUBJECT: VOIDED APPLICATION

Control Number:

397060

Applicant:

Hurley Medical Center

Date Voided:

9/12/94

Reason for Void:

After it discussed

the additional info needed for this review during our telecon, the licensee decided to include the app response in their renewal application. VOIDED AFTER REVIEW.

D. A. Petrucci
Signature

9/12/94
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

220135

Comments:

Log completed

Processed by:

☒
SAC 9/19/94

*ml
30
SD*

(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 2B
EXP. DATE: 19941130
FEE COMMENTS: CODE 14
DECOM FIN ASSUR RECD: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
APPLICANT/LICENSEE: HURLEY MEDICAL CENTER
RECEIVED DATE: 940601
DOCKET NO: 3001993
CONTROL NO: 397060
LICENSE NO: 21-00338-02
ACTION TYPE: AMENDMENT

2. FEE ATTACHED
AMOUNT:
CHECK NO: 8

3. COMMENTS

SIGNED
DATE

P. Dittloff
6-2-94

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

1. FEE CATEGORY AND AMOUNT: 7C 2B \$500.00
2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:
AMENDMENT ☒
RENEWAL ☐
LICENSE ☐

3. OTHER

SIGNED
DATE

SC 8/9/94

1994 JUN -6 PM 5:43



HURLEY

Log	Jun 7 111	rec'd dep. by OC
Remitter		
Check No.	074710	
Amount	\$500.00	
Fee Category	OC 2B	
Type of Fee	Amendment	
Date Check Rec'd	8/9/94	
Date Completed	8/9/94	
By:	SC	

May 23, 1994.

Materials Licensing Section

United States Nuclear Regulatory Commission

REGION III

801 Warrenville Road

Lisle, IL 60532-4351

License No. 21-00338-02

Gentleman:

Subject: Request for wavier from surveying a (non-radioactive) patient room located adjacent to a patient room who contains therapeutic doses of radioactive material.

We request you to grant waiver from surveying a patient room (non radioactive) which is located adjacent to a patient room who contains therapeutic dose (more than 30 mCi.) of byproduct material, in view of the following reasons:

1. We provide 2 cm. thick rolling lead shield at the foot of the patient (who is being treated with byproduct material) bed to maintain the acceptable radiation levels (10CFR Part 20.105) in the adjacent room.
2. We have established and documented this fact at normal therapeutic doses. A sample survey and measured radioactive levels are enclosed.

For further information please contact Dr. Sudhakara R. Dandala., Ph.D., Hospital RSO at 313 257 9422.

Sincerely,

SUDHAKARA R. DANDALA., Ph.D.
RSO

encl: Copy of survey record.

cc: Chairman Radiation Safety Committee
Hospital Administrative Director, Radiological Services
Hospital Administrative Director, Oncology Services
Director, Radiation Therapy Department

RECEIVED

JUN 01 1994

REGION III

CONTROL NO.

397060

JUN 01 1994

JUN 22 1994

Hurley Medical Center
ATTN: Sudhakara R. Dandala, M.D.
Radiation Safety Officer
One Hurley Plaza
Flint, Michigan 48503-5993

Gentlemen:

This refers to your letter dated May 23, 1994, for an amendment to Materials License 21-00338-02.

Your request is subject to an amendment fee of \$500 as specified in fee Category 7C of 10 CFR 170.31 of the enclosed July 20, 1993, Federal Register notice. Payment of the \$500 fee should be made to the U.S. Nuclear Regulatory Commission and mailed to the following address:

U.S. Nuclear Regulatory Commission
ATTN: Shirley Crutchfield
License Fee and Debt Collection Branch, OC/DAF
Mailstop T-9 E10
Washington, D.C. 20555

Your application will be processed by the Region III Licensing staff located at 801 Warrenville Road, Lisle, Illinois 60532-4351. The fee, however, is required prior to issuance of the amendment. When submitting the fee, please refer to CONTROL NUMBER 397060.

If we do not receive a reply from you within 30 calendar days from the date of this letter, we shall assume that you do not wish to pursue your application and will void this action.

Sincerely,

Signed by Shirley A. Crutchfield

Shirley Crutchfield
License Fee and Debt Collection Branch
Division of Accounting and Finance
Office of the Controller

Enclosure:
July 20, 1993, Federal Register notice

cc: Region III

DISTRIBUTION
Pending Fee File
OC/DAF R/F
LFDCB R/F (2)

OFFICE: OC/LFDCB SC OC/LFDCB CP
NAME: SCrutchfield CPhillips
DATE: 6/14/94 6/18/94

AB2/A:\HMC.ANC

CONVERSATION RECORD

TIME

1:30

DATE

9/12/94

TYPE

☐ VISIT

☒ CONFERENCE

☒ TELEPHONE

☐ INCOMING

☒ OUTGOING

ROUTING

NAME/SYMBOL INT

Location of Visit/Conference:

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

Mr. S. Dandala

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

Hurley Med Ctr

TELEPHONE NO.

810-257-9422

SUBJECT

CN 97060

SUMMARY

al spoke with Mr. Dandala about their amendment request. al asked for clarification on their intent. They are requesting an exemption from 35.415(a)(4). al informed Mr. Dandala of the additional information we will need to review this request. (Tx parameters, shielding evaluation, room description, justification) He stated that since the renewal is 2 months away, he would include this information in the renewal application. al told him that we would void the request based on this statement and it was ok with him.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

D. A. Prana

DATE

9/12/94

ACTION TAKEN

SIGNATURE

TITLE

DATE