

VOID SHEET

TO: License Fee Management Branch

FROM: RT

SUBJECT: VOIDED APPLICATION

Control Number: 256137

Applicant: I- Gonzalez Oncologic

Date Voided: 11/29/94

Reason for Void: _____

No Amendment needed - no
review done - please return
fee.

Oran O. Heim
Signature Date 11/29/94

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: RT

9503030250 941129
PDR ADOCK 03014696
C PDR

ML201

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
: Program Code: 02300
: Status Code: 0
: Fee Category: 7A 2B
: Exp. Date: 19970228
: Fee Comments: _____
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION II

1. APPLICATION ATTACHED

Applicant/Licensee: 1. GONZALEZ MARTINEZ ONCOLOGIC
Received Date: 940923
Docket No.: 3014696
Control No.: 256137
License No.: 52-13471-02
Action Type: Amendment

is fee required?

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed _____
Date 9/12/94

[Signature]

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone)

1. Fee Category and Amount: 7A 2B \$560

2. Correct Fee Paid, Application may be processed for:

Amendment ☒ _____
Renewal _____
License _____

3. OTHER

Signed _____
Date 11/15/94

[Signature]

SEP 29 PM 5:56

NO ESTAMOS AFILIADOS
AL FONDO UNIDO.



LIGA PUERTORRIQUEÑA
CONTRA EL CÁNCER

HOSPITAL ONCOLOGICO
I. GONZALEZ MARTINEZ
CENTRO MEDICO
RIO PIEDRAS, PUERTO RICO 00935
TELEFONO 763-4149
BOX 191811
SAN JUAN, P.R. 00919-1811

September 6, 1994

Mr. Stewart D. Ebnetter
Regional Administrator
United States Nuclear
Regulatory Commission
Region II
101 Marietta St. N. W.
Suite 2900
Atlanta, GA 30323

RE: License No. 52-13471-02

Dear Mr. Ebnetter:

To comply with 10 CFR 35.647 we hereby request a three (3) month extension for the five year inspection. We are in the process of changing the source to the Terathron 80 machine and cascade his source to El Dorado-80. As soon as the source is installed, the five year inspection can be done by the same person. Enclose please find a copy of our agreement.

We will deeply appreciate your prompt attention to this amendment. I remain,

Cordially yours,

Log	Sep 6 II
Remitter	
Check No.	025886
Amount	3560
Fee Category	IA 2B
Type of Fee	Amal (fee refunded)
Date Check Rec'd.	
Date Completed	11/15/94
By	Reson

CM/hirf
Enclosure

Celia Molano
Celia Molano, MT, MHSA, CHE
Executive Director

cf: Dr. José Santana Rabell, Director
Radiotherapy Department

*It will Result in an amendment
per RII.*

AGREEMENT

Neutron Products, Inc. (NPI) agrees to sell and I. Gonzalez Martinez Oncologic Hospital agrees to purchase a cobalt-60 teletherapy source, Model Number NPTT-Series, Catalog Number NPI-20-7600W, Drawing Number A-200057, having an active diameter of 2 centimeters and a source output of 7600 RHM as of October 1, 1994, the approximate date of installation, when measured at a source-to-surface distance of 80 centimeters, and at a field size of 20 by 20 centimeters for a price of \$ 64,000.00 installed in the fourth quarter of 1994, in a Theratron-80 teletherapy unit, located at the I. Gonzalez Martinez Oncologic Hospital, Box 1811, Hato Rey, Puerto Rico 00919.

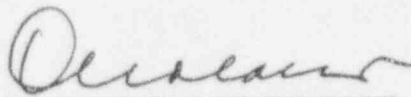
It is further agreed that Neutron Products, Inc. shall remove from said teletherapy unit, the existing source, and install it in the Eldorado-8 teletherapy unit, also located at I. Gonzalez Martinez Oncologic Hospital, Box 1811, Hato Rey, Puerto Rico 00919.

In addition it is agreed that Neutron Products, Inc. shall remove from said teletherapy unit, and make disposition of the existing source.

This agreement shall be governed by the attached "Terms of Sale for NPI Teletherapy Replacement Sources," August 4, 1993, and no other terms and conditions unless there is a signed overriding agreement between the parties prepared by Neutron Products.

Agreed to:

Signature



Typed Name Celia Molano, MT, MHSA, CHE Vice President

Name of Purchaser I. Gonzalez Martinez

Oncologic Hospital

Date September 15, 1994

MMT/tfs

Accepted by:

Marvin M. Turkanis

NEUTRON PRODUCTS inc

22301 Mt. Ephraim Road • P. O. Box 68 • Dickerson, Maryland 20842 USA • 301/349-5001

TWX: 710-828-0542 • FAX: 301/349-5007

NO ESTAMOS AFILIADOS
AL FONDO UNIDO



LIGA PUERTORRIQUEÑA
CONTRA EL CÁNCER

HOSPITAL ONCOLOGICO
I. GONZALEZ MARTINEZ
CENTRO MEDICO
RIO PIEDRAS, PUERTO RICO 00935
TELEFONO 763-4149
BOX 191811
SAN JUAN, P.R. 00919-1811

November 3, 1994

Ms. Rita Messier
License Fee & Debt Collection Branch
Division of Accounting & Finance
Office of the Controller
U. S. Nuclear Regulatory Commission
Washington, DC 20555-001

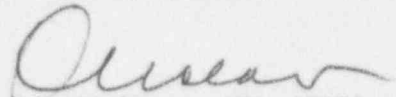
RE: License No. 52-13471-02
Control No.: 256137

Dear Ms. Messier:

In accordance with 10 CFR Part 170.31 (7A), we are enclosing check #025886 for the amount of \$560.00 to cover the amendment fee.

We will deeply appreciate your prompt attention to this amendment request. I remain,

Cordially yours,


Celia Molano, MT, MHSA, CHE
Executive Director

hurf

Enclosures

LICENSE FEE REQUIREMENTS

LICENSE FEE AND DEBT COLLECTION BRANCH
DIVISION OF ACCOUNTING AND FINANCE
OFFICE OF THE CONTROLLER
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

TYPE OF ACTION

☐ NEW LICENSE☐ RENEWAL OF LICENSE☒ AMENDMENT TO LICENSE

REQUESTED DATE

9/6/94

LICENSE NUMBER

52-13471-02

CONTROL NUMBER

256137

I. APPLICATION FEE DUE

Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of the enclosed Federal Register notice. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.

FEE CATEGORY	APPLICATION	RENEWAL	AMENDMENT
7A	\$	\$	\$ 360
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(s) DUE \$
PAYMENT RECEIVED \$
AMOUNT DUE \$ 360

☒ Your request was received without the prescribed application fee.

☐ We received your Check No. _____ in the amount of \$ _____. Payment of the additional fee noted above is required.

☐ Your request will increase the scope of your license program. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(d)(2).

☐ Your license expired prior to the receipt of your application for renewal. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(a).

MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM THE DATE LISTED BELOW, WE SHALL ASSUME THAT YOU DO NOT WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS ACTION.

SIGNATURE - LICENSE FEE ANALYST

Rita Messier

LFDCB

Lm

9/13/94

LFDCB

Sh

10/4/94

II. FEE NOT REQUIRED

☐ Enclosed is Check No. _____ which accompanied your request. The fee is not required because:

☐ We received your Check No. _____ in payment of the fee.

☐ The Licensing staff has informed us that your request is to be considered as a continuation of your request dated _____, Control No. _____.

☐ Your request was combined, prior to review, with your _____ request, Control No. _____.

III. CHECK RETURNED

☐ Enclosed is Check No. _____ which was returned to us by the bank for:

☐ INSUFFICIENT FUNDS☐ ACCOUNT CLOSED☐ OTHER

MAIL THE REPLACEMENT CHECK TO THE ADDRESS LISTED AT THE TOP OF THIS FORM AND REFERENCE THE ABOVE CONTROL NUMBER.

IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE

☐ License No. _____, Amendment No. _____, issued on _____ was issued without the required fee being collected. The fee required is noted in Section I of this form.

☐ The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section I of this form. Refer to Section 170.31 and Footnote 1(d)(2).

☐ Because of the urgency of your request, the license was issued without remittance of the prescribed fee noted in Section I of this form.

DISTRIBUTION
DC/DAF/RF
LFDCB R/F (2)Pending Fee File
Region II

DATE

10/4/94

2/28/95

DIVISION OF ACCOUNTING AND FINANCE
REQUEST FOR REFUND TO EMPLOYEE/VENDOR

THE EMPLOYEE/VENDOR IDENTIFIED BELOW HAS OVERPAID THE NUCLEAR
REGULATORY COMMISSION FOR GOODS OR SERVICES PROVIDED AND IS DUE A
REFUND.

EMPLOYEE/VENDOR/PAYEE CODE: * _____

NAME: I. GONZALEZ MARTINEZ Oncologic

ADDRESS: Attn: Celia Molano, Executive Director

ADDRESS: Box 191811

CITY: San Juan STATE: PR ZIP: 00919-1811

TRANS CODE: PX TRANS TYPE: FE FUNT: X5280

JOB CODE: _____ (FOR FE TRANS TYPE) REFUND AMOUNT: \$560.00

COMMENTS: Amnd not Rpyd Lic 52-13471-02 CK 025886

(limit comments to 40 characters, including spaces)

PREPARED BY: Rita Messer DATE: 2/28/95

AUTHORIZED BY: Sandra Kimberly TITLE: 2/28/95 Lic Fe

OFFICE: DC/DAF/27DCB DATE: 2/28/95

ORIGINAL
INVOICE #: _____ DATE PAID: _____ AMOUNT: \$ _____

REFUND ENTERED INTO COLLECT BY: _____

REFUND DETERMINED BY: _____ DATE: _____

PLEASE ATTACH APPROPRIATE SUPPORTING DOCUMENTATION.

* AN ADDRESS MUST BE PROVIDED FOR VENDORS NOT FOUND ON THE VEND
TABLE

Sep 6 II
7A
Voided 11/29/94
No amnd needed
256/37