

VOID SHEET

TO: License Fee Management Branch

FROM: RIII

SUBJECT: VOIDED APPLICATION

Control Number:

399687

Applicant:

Missouri Delta Community Ctr

License Number:

24-12876-02

Docket Number:

030-02377

Date Voided:

May 13, 1996

Renewal voided due to new extension rule. Voided before review.  
Refund due.

Gene Bell 5/13/96  
Signature Date

Attachment:  
Official Record Copy of  
Voided Action

FOR LFMB USE ONLY

- ☒ Refund Authorized and processed  
☐ No Refund Due  
☐ Fee Exempt or Fee Not Required

Comments: \_\_\_\_\_  
\_\_\_\_\_

Log completed ☒

Processed by: SAC 5/21/96

140214

ML- ju  
30 0/1

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM  
AND  
REGIONAL LICENSING SECTIONS

PROGRAM CODE: 02120  
STATUS CODE: 2  
FEE CATEGORY: 7C 28  
EXP. DATE: 19951031  
FEE COMMENTS: CODE 23  
DECOM FIN ASSUR RECD: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
APPLICANT/LICENSEE: MISSOURI DELTA COMMUNITY  
RECEIVED DATE: 950925  
DOCKET NO: 3002377  
CONTROL NO.: 399187  
LICENSE NO.: 24-12874-02  
ACTION TYPE: RENEWAL

RECEIVED

REFUND DUE -  
ELIGIBLE FOR EXTENSION

2. FEE ATTACHED  
AMOUNT: 1,400  
CHECK NO.: 676860

3. COMMENTS

SIGNED  
DATE

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

1. FEE CATEGORY AND AMOUNT: 7C \$1400

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:  
AMENDMENT  
RENEWAL ☒  
LICENSE

3. OTHER

SIGNED  
DATE

SC 10/2/95

Log	Sept 14 '95
Remitter	
Check No.	76860
Amount	\$1400
Fee Category	7C
Type of Fee	Renewal
Date Check Rec'd	9-29-95
Date Completed	10-2-95
By:	SC

Refund  
\$1400

05:11:17 02 JES 500



UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION III  
801 WARRENVILLE ROAD  
LISLE, ILLINOIS 60532-4351

MAY 13 1996

### **NOTE TO LICENSEES WHO SEND IN RENEWAL PACKAGES**

On January 16, 1996, the Nuclear Regulatory Commission (NRC) amended its regulations in 10 CFR 30, 40, and 70 to extend the expiration date of qualified byproduct, source and special nuclear material licenses by five years (61 FR 1109). Your license was extended by this rulemaking and you will soon receive a letter notifying you of this. If a refund is due, this will be handled by the License Fee and Accounts Receivable Branch in our headquarters office. Because of this extension, your renewal package is being returned to you.

Please note that if there are elements within your renewal package that need to be incorporated into your license, you must submit a request for an amendment along with the appropriate fee.

If you have any questions please contact the Region III office at (708) 829-9887.

Thank You - Region III

# APPLICATION FOR MATERIAL LICENSE

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

## APPLICATIONS FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

U.S. NUCLEAR REGULATORY COMMISSION  
DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY, NMSS  
WASHINGTON, DC 20555

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS. IF YOU ARE LOCATED IN:

CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
NUCLEAR MATERIALS SAFETY SECTION B  
475 ALLENDALE ROAD  
KING OF PRUSSIA, PA 19406

ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION II  
NUCLEAR MATERIALS SAFETY SECTION  
101 MARRETTA STREET, SUITE 2900  
ATLANTA, GA 30323

## IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION III  
MATERIALS LICENSING SECTION  
799 ROOSEVELT ROAD  
GLEN ELLYN, IL 60137

ARKANSAS, COLORADO, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, SOUTH DAKOTA, TEXAS, UTAH, OR WYOMING, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION IV  
MATERIAL RADIATION PROTECTION SECTION  
611 RYAN PLAZA DRIVE, SUITE 1000  
ARLINGTON, TX 76011

ALASKA, ARIZONA, CALIFORNIA, HAWAII, NEVADA, OREGON, WASHINGTON, AND U.S. TERRITORIES AND POSSESSIONS IN THE PACIFIC, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION V  
NUCLEAR MATERIALS SAFETY SECTION  
1460 MARIA LANE, SUITE 210  
WALNUT CREEK, CA 94596

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTION.

## 1. THIS IS AN APPLICATION FOR (Check appropriate item)

☐ A. NEW LICENSE

☐ B. AMENDMENT TO LICENSE NUMBER

☒ C. RENEWAL OF LICENSE NUMBER 24-12876-02

## 2. NAME AND MAILING ADDRESS OF APPLICANT (Include Zip Code)

Missouri Delta Medical Center  
1008 North Main Street  
Sikeston, Missouri 63801-5099

## 3. ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED.

Same as Item #2

## 4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

William Howard

## TELEPHONE NUMBER

(314) 472-7340

SUBMIT ITEMS 5 THROUGH 11 ON 8 1/2 x 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

## 5. RADIOACTIVE MATERIAL

a. Element and mass number, b. chemical and/or physical form, and c. maximum amount which will be possessed at any one time.

## 6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

## 7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.

## 8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

## 9. FACILITIES AND EQUIPMENT.

## 10. RADIATION SAFETY PROGRAM.

## 11. WASTE MANAGEMENT.

## 12. LICENSEE FEES (See 10 CFR 170 and Section 170.31)

FEE CATEGORY 7C AMOUNT ENCLOSED \$ 1,400.00

## 13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, AND 40 AND THAT ALL INFORMATION CONTAINED HEREIN, IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948, 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

SIGNATURE—CERTIFYING OFFICER

TYPED/PRINTED NAME

TITLE

DATE

*Charles Ancell*

Charles Ancell

Administrator

09-30-95

## FOR NRC USE ONLY

TYPE OF FEE FEE LOG FEE CATEGORY COMMENTS

AMOUNT RECEIVED

CHECK NUMBER

APPROVED BY

DATE

RECEIVED

SEP 25 1995

REGION III

399187



Missouri Delta Medical Center

September 19, 1995

United States Nuclear Regulatory Commission  
Region III  
801 Warrenville Rd  
Lisle, IL 60532-4351

Dear Sir:

Per your request, enclosed herewith please find the license renewal (in duplicate) for Missouri Delta Medical Center.

The renewal fee of Fourteen Hundred Dollars (\$1,400.00) is also enclosed.

If you have any questions or require additional information, you may contact me or contact our medical physics consultant, Stan A. Huber at (800)383-0468 or (815)485-6161.

Sincerely,

Charles D. Ancell  
Administrator

CDA/cld

Enclosure

RECEIVED  
SEP 25 1995  
REGION III

October 2, 1995

Missouri Delta Community  
Hospital  
ATTN: Robert S. Colbert, M.D.  
Radiation Safety Officer  
1008 N. Main Street  
Sikeston, MO 63801-5099

SUBJECT: LICENSE RENEWAL APPLICATION

Dear Dr. Colbert:

This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

Any correspondence regarding the renewal application should reference the control number specified and your license number.

Sincerely,

Original Signed By  
Marianne Meenan, Chief  
Nuclear Materials Support Section

License No. 24-12876-02  
Control No. 399187

DOCUMENT NAME: M:\C3002377.DT5

To receive a copy of this document, indicate in the box: "C" = Copy without attachment/enclosure "E" = Copy with attachment/enclosure "N" = No copy

OFFICE	DRSS/RIII	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME	MMEENAN:jaw <i>mm mm</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE	08/02/95	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OFFICIAL RECORD COPY

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

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

EMPLOYEE/VENDOR/PAYEE CODE: \_\_\_\_\_

NAME: Missouri Delta Medical Center

ADDRESS: Attn: Charles Excell, Administrator

ADDRESS: 1008 No. Main Street

CITY: Sikeston STATE: MO ZIP: 63801-5099

TRANS CODE: PX

TRANS TYPE: FE FUND: X5280 JOB CODE: \_\_\_\_\_ AMOUNT: \$1400<sup>00</sup>

TRANS TYPE: IR FUND: R1435 JOB CODE: INTR AMOUNT: \_\_\_\_\_

TRANS TYPE: IR FUND: R1099 JOB CODE: ADCH AMOUNT: \_\_\_\_\_

TRANS TYPE: IR FUND: R1099 JOB CODE: FINE AMOUNT: \_\_\_\_\_

TOTAL REFUND AMOUNT: \$1400<sup>00</sup>

COMMENTS: LIC 24-12876-02 XTND PER RLMKNG

CK 76860  
(Limit comments to 40 characters, including spaces)

PREPARED BY: Shirley Cretchfield DATE: May 23, 1996

AUTHORIZED BY: Sandra Kimberly DATE: 6/7/96

ORIGINAL INV. NO: \_\_\_\_\_ DATE PAID: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

REFUND ENTERED INTO COLLECT BY: \_\_\_\_\_

REFUND DETERMINED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Sept 14 III  
76860 DTD 9/21/95  
\$1400 7C RE  
399187

PLEASE ATTACH APPROPRIATE SUPPORTING DOCUMENTATION