

VOID SHEET

TO: License Fee Management Branch

FROM: RIII

SUBJECT: VOIDED APPLICATION

Control Number:

399561

Applicant:

Bayer Corporation

License Number:

13-02249-01

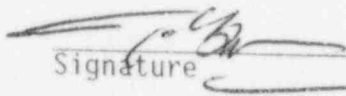
Docket Number:

030-04336

Date Voided:

May 15, 1996

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

  
Signature

5/15/96  
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 6/17/96

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM  
AND  
REGIONAL LICENSING SECTIONS

(FOR LFMS USE)  
INFORMATION FROM LTS

PROGRAM CODE: 03620  
STATUS CODE: 2  
FEE CATEGORY: 3M  
EXP. DATE: 19951231  
FEE COMMENTS: 3M EFF 1/8/93  
DECOM FIN ASSUR REQD: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
APPLICANT/LICENSEE: BAYER CORPORATI  
RECEIVED DATE: 951130  
DOCKET NO: 3004336  
CONTROL NO.: 399561  
LICENSE NO.: 13-02249-01  
ACTION TYPE: RENEWAL

**REFUND DUE -  
ELIGIBLE FOR EXTENSION**

2. FEE ATTACHED  
AMOUNT: 0  
CHECK NO.: 2

3. COMMENTS

SIGNED  
DATE

*D. Hersey*  
*12-1-95*

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

1. FEE CATEGORY AND AMOUNT: *3M* *\$1700*

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

3. OTHER

SIGNED  
DATE

*SC*  
*Jan 16, 1996*

Log	<i>Dec 4 95</i>
Remitter	
Check No.	<i>6556787</i>
Amount	<i>\$1700</i>
Fee Category	<i>3M</i>
Type of Fee	<i>Renewal</i>
Date Check Rec'd	
Date Completed	<i>1/16/96</i>
By:	<i>SC</i>

*Refund*  
*\$1700*

**RECEIVED**  
**JAN 19 1996**  
**REGION III**



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

**MAY 15, 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**

Internal Memorandum

Bayer Corporation  
1884 Miles Ave.  
P.O. Box 40  
Elkhart, IN 46515

R  
030-04336

November 27, 1995

Materials Licensing Section  
U.S. Nuclear Regulatory Commission, Region III  
801 Warrensville Rd.  
Lisle, IL 60532-4351

RE: Bayer Corporation, Elkhart, Indiana  
Byproduct Material License #13-02249-01  
License Renewal/Extension

Materials License Reviewer:

Bayer Corporation, Elkhart, Indiana hereby applies for renewal of license #13-02249-01 with an expiry date of December 31, 1995.

In consideration of the September 8, 1995 Federal Register proposed rule to provide a five year extension to each specific license which has an expiration date after July 1, 1995, and is not one of the licenses described in paragraph (a) (3) of Title 10 CFR section 30.36, license #13-02249-01 would so qualify. In the event the proposed rule is adopted as a final rule, this license will be considered extended to December 31, 2000, until the NRC notifies the licensee otherwise.

In consideration of a failure to adopt the one-time five year proposed rule extension, this notice will serve as the application for renewal of license #13-02249-01. Under the renewal process, the radiation support program continues as indicated in our letter of June 4, 1990. The authorization for isotope types, form, and activity will continue as indicated in our letter of August 4, 1992.

The location of material use and/or storage will continue to be limited to the principle campus at 1884 Miles Avenue, in Elkhart, Indiana. All previous address references were deleted in May 17, 1993 letter, and March 4, 1995 letter detailing company name change with address street re-named to 1884 Miles Avenue.

The Radiation Safety Officer and all other aspects of the Radiation Safety program will continue as approved previously.

RECEIVED

NOV 30 1995

REGION III

NOV 30 1995

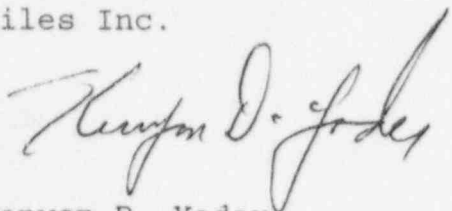
399561

Pursuant to the uncertainty regarding the submission of a renewal fee during this proposed rule process, we will wait for further word on this matter.

We trust the contents of this letter contain the information necessary to process this license renewal. If you have further questions, please phone (219)262-7574.

Very truly yours,

Miles Inc.

A handwritten signature in cursive script, reading "Kenyon D. Yoder". The signature is written in dark ink and is positioned above the printed name and title.

Kenyon D. Yoder  
Radiation Safety Officer

## 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 20555-0001Bayer Corporation  
Attn: Mr. Kenyon D. Yoder  
Radiation Safety Officer  
1884 Miles Avenue P.O. Box 40  
Elkhart, Indiana 46515

## TYPE OF ACTION

☐ NEW LICENSE☒ RENEWAL OF LICENSE☐ AMENDMENT TO LICENSE

## REQUESTED DATE

November 27, 1995

## LICENSE NUMBER

13-02249-01

## CONTROL NUMBER

399561

## 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
3M	\$	\$1700	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(s) DUE \$1700  
PAYMENT RECEIVED \$-0-  
AMOUNT DUE \$1700☒ 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

LFDCB

LFDCB

Shirley Crutchfield

12-10-8195

1 1

## 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  
OC/DAF/RF  
LFDCB R/F (2)Pending Fee File  
Region 3

DATE

Dec. 8, 1995

December 5, 1995

Bayer Corporation  
ATTN: Kenyon D. Yoder  
Radiation Safety Officer  
P. O. Box 40  
1884 Miles Avenue  
Elkhart, IN 46515

SUBJECT: LICENSE RENEWAL APPLICATION

Dear Mr. Yoder:

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 Branch

License No. 13-02249-01  
Control No. 399561

DOCUMENT NAME: M:\03004336.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	DNMS/RIII	<input checked="" type="checkbox"/>						
NAME	MMEENAN:brt mm							
DATE	12/5/95							

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: 130224901 L

NAME: BAYER CORPORATION  
ATTN: KENYON D. YODER, RSO  
ADDRESS: 1884 MILES AVENUE  
ADDRESS: P. O. BOX 40  
ELKHART, INDIANA 46515

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TRANS CODE: PX

TRANS TYPE: <u>FE</u>	FUND: <u>X5280</u>	JOB CODE: _____	AMOUNT: <u>\$1700</u>
TRANS TYPE: <u>IR</u>	FUND: <u>R1435</u>	JOB CODE: <u>INTR</u>	AMOUNT: _____
TRANS TYPE: <u>IR</u>	FUND: <u>R1099</u>	JOB CODE: <u>ADCH</u>	AMOUNT: _____
TRANS TYPE: <u>IR</u>	FUND: <u>R1099</u>	JOB CODE: <u>FINE</u>	AMOUNT: _____

TOTAL REFUND AMOUNT: \$1700

COMMENTS: LIC 13-02249-01 XTND PER RLMKNG

CK 6556787

(Limit comments to 40 characters, including spaces)

PREPARED BY: Shirley Cutchfield DATE: June 17, 1996

AUTHORIZED BY: Sandra Kimberley DATE: 7/10/96

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

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

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

Dec 4 III

3M REN 41700

6556787 DTD  
1/4/96

PLEASE ATTACH APPROPRIATE SUPPORTING DOCUMENTATION

399561