

VOID SHEET

TO: License Fee Management Branch

FROM: RIII

SUBJECT: VOIDED APPLICATION

Control Number:

398745

Applicant:

St John Med Ctr

License Number:

34-06578-02

Docket Number:

030-02760

Date Voided:

May 10, 1996

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

Signature

S. Dombroski

Date

5/10/96

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 6/10/96

220010

9607220061 960510  
PDR ADOCK 03002760  
C PDR

ML 30 SD 9/1

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM  
AND  
REGIONAL LICENSING SECTIONS

(FOR LFMS USE)  
INFORMATION FROM LTS

PROGRAM CODE: 02120  
STATUS CODE: 2  
FEE CATEGORY: 7C  
EXP. DATE: 19950731  
FEE COMMENTS:  
DECOM FIN ASSUR REQD: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
APPLICANT/LICENSEE: ST. JOHN MEDICAL CENTER  
RECEIVED DATE: 950622  
DOCKET NO: 3002760  
CONTROL NO.: 398745  
LICENSE NO.: 34-06578-02  
ACTION TYPE: RENEWAL

2. FEE ATTACHED  
AMOUNT: 1400  
CHECK NO.: 04420

3. COMMENTS

SIGNED  
DATE

D. Hershey  
6-23-95

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

1. FEE CATEGORY AND AMOUNT: 7C \$1400.00  
2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:  
AMENDMENT  
RENEWAL ☒  
LICENSE

3. OTHER

SIGNED  
DATE

SC 6/27/95

RECEIVED

JUN 30 1995

REGION III

Log	June 16 III
Remitter	
Check No.	44740
Amount	\$1400.00
Fee Category	7C
Type of Fee	Renewal
Date Check Rec'd	6/27/95
Date Completed	6/27/95
By:	SC

Refund  
\$1400



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

MAY 10 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.

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

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

## ALL OTHER PERSONS FILE APPLICATION AS FOLLOWS:

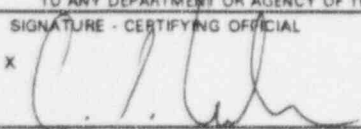
## IF YOU ARE LOCATED IN:

CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND,  
MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, PENNSYLVANIA,  
RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO:LICENSING ASSISTANT SECTION  
NUCLEAR MATERIALS SAFETY BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
476 ALLENDALE ROAD  
KING OF PRUSSIA, PA 19406-1416ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA,  
PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR  
WEST VIRGINIA, SEND APPLICATIONS TO:NUCLEAR MATERIALS SAFETY SECTION  
U.S. NUCLEAR REGULATORY COMMISSION, REGION II  
101 MARETTA STREET, NW, SUITE 2900  
ATLANTA, GA 30320

## IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR  
WISCONSIN, SEND APPLICATIONS TO:MATERIALS LICENSING SECTION  
U.S. NUCLEAR REGULATORY COMMISSION, REGION III  
789 ROOSEVELT ROAD  
GLEN ELLYN, IL 60137ARKANSAS, COLORADO, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA,  
NEW MEXICO, NORTH DAKOTA, OKLAHOMA, SOUTH DAKOTA, TEXAS, UTAH,  
OR WYOMING, SEND APPLICATIONS TO:MATERIAL RADIATION PROTECTION SECTION  
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV  
811 RYAN PLAZA DRIVE, SUITE 400  
ARLINGTON, TX 78011-8064ALASKA, ARIZONA, CALIFORNIA, HAWAII, NEVADA, OREGON, WASHINGTON,  
AND U.S. TERRITORIES AND POSSESSIONS IN THE PACIFIC, SEND APPLICATIONS  
TO:NUCLEAR MATERIALS SAFETY SECTION  
U.S. NUCLEAR REGULATORY COMMISSION, REGION V  
1450 MARIA LANE  
WALNUT CREEK, CA 94596-5388

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 JURISDICTIONS.

1. THIS IS AN APPLICATION FOR (Check appropriate item)		2. NAME AND MAILING ADDRESS OF APPLICANT (Includes Zip Code)	
<input type="checkbox"/> A. NEW LICENSE		St Johns Medical Center St. Johns Heights Stubenville, OH 43862	
<input type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER <u>030-02760</u>			
<input checked="" type="checkbox"/> C. RENEWAL OF LICENSE NUMBER <u>34-06578-02</u>			
3. ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED			
Same			
4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION		TELEPHONE NUMBER	
Sharon L Long, NMA Medical Physics		216-965-75480	
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	ENCLOSED \$1400.00
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 OFFICIAL		TYPED/PRINTED NAME	TITLE
<input checked="" type="checkbox"/> 		A.G. Calbone	President/CEO
			DATE
			6-21-95 XX/XX/XX
FOR NRC USE ONLY			
TYPE OF FEE	FEE LOG	FEE CATEGORY	COMMENTS
		7C	
AMOUNT RECEIVED		CHECK NUMBER	
APPROVED BY			DATE
			RECEIVED JUN 22 1995 398745 REGION III

June 27, 1995

St. John Medical Center  
ATTN: William Hunter Vaughan, M.D.  
Radiation Safety Officer  
St. John Heights  
Steubenville, OH 43952

SUBJECT: LICENSE RENEWAL APPLICATION

Dear Dr. Vaughan:

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.: 34-06578-02  
Control No.: 398745

DOCUMENT NAME: M:\03002760.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							
NAME	MMEENAN:jaw mm							
DATE	06/27/95							

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: 340657802 L

NAME: \_\_\_\_\_

ADDRESS: ST. JOHNS MEDICAL CENTER

ADDRESS: ATTN: A. G. CALBONE

CITY: ST. JOHNS HEIGHTS

STATE: STUBENVILLE, OHIO 43952

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 34-06578-02 XTND PER RLMKNG

CK 44740

(Limit comments to 40 characters, including spaces)

PREPARED BY: Shirley Crutchfield DATE: June 10, 1996

AUTHORIZED BY: Sandra Kimbrey DATE: 7/18/96

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

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

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

Jun 16 III

TC REN \$1400

44740 DTD 6/21/95

398745

PLEASE ATTACH APPROPRIATE SUPPORTING DOCUMENTATION