

VOID SHEET

TO: License Fee Management Branch

FROM: RIII

SUBJECT: VOIDED APPLICATION

Control Number:

389440

Applicant:

St Anthony's Med Ctr

License Number:

24-01044-04

Docket Number:

030-10108

Date Voided:

May 14, 1996

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

Robert Dell 5-14-96
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

7/11/96
ML
30
11

9607220093 960514
PDR ADOCK 03010108
C PDR

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: 19951231
FEE COMMENTS:
DECOM FIN ASSUR REQD: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
APPLICANT/LICENSEE: ST. ANTHONY'S MEDICAL CENTER
RECEIVED DATE: 951114
DOCKET NO: 3010108
CONTROL NO.: 399440
LICENSE NO.: 24-01041-04
ACTION TYPE: RENEWAL

2. FEE ATTACHED
AMOUNT: 1400
CHECK NO.: 304598

3. COMMENTS

SIGNED
DATE

D. Hasey
11-15-95

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
11/17/95

Log	Nov 12 70
Remitter	
Check No.	304598
Amount	\$1400
Fee Category	7C
Type of Fee	Renewal
Date Check Rec'd	11/17/95
Date Completed	11/17/95
By:	SC

RECEIVED
NOV 24 1995
REGION III

Refund \$1400

**REFUND DUE -
ELIGIBLE FOR EXTENSION**



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

MAY 14, 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



St. Anthony's Medical Center

November 2, 1995

United States Nuclear Regulatory Commission Region III
Material Licensing Section
801 Warrenton Road
Lisle, Illinois 60532-4351

St. Anthony's Medical Center
10010 Kennerly Road
St. Louis, MO 63128

License No. 24-01041-04
Expiration Date: 12/31/95
Program Code: 02120

03 0-10108

Gentlemen:

St. Anthony's Medical Center License No. 24-01041-04 is requesting a renewal of its Materials License which expires on 12/31/95. After a review of our current program, it has been determined that our license and amendments accurately represent our current program. All documents reflecting our procedures were reviewed, and no changes were deemed necessary except for the removal of John L. Bircher, M.D. from the license. Enclosed please find a check for \$1,400.00. Please contact Fred Abrath, Ph.D. (314) 525-1688 for any questions regarding our request for license renewal.

Sincerely,

Fred Abrath, Ph.D.

FA/pjg

Enclosure

RECEIVED

NOV 14 1995

REGION III

NOV 14 1995

3740

November 16, 1995

St. Anthony's Medical Center
ATTN: Fred Abrath, Ph.D.
Radiation Safety Officer
10010 Kennerly Road
St. Louis, MO 63128

SUBJECT: LICENSE RENEWAL APPLICATION

Dear Dr. Abrath:

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. 24-01041-04
Control No. 399440

DOCUMENT NAME: M:\03010108.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 <i>mn</i>							
DATE	11/16/95							

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: 240104104 L

NAME: _____

ADDRESS: _____

ST. ANTHONY'S MEDICAL CENTER
ATTN: FRED ABRATH, M.D.
10010 KENNERLY ROAD
ST. LOUIS, MISSOURI 63128

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

TRANS CODE: PX

TRANS TYPE: FE FUND: X5280 JOB CODE: _____ AMOUNT: \$1400

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

COMMENTS: LIC 24-01041-04 XTND PER RLMKNG

CK 304598

(Limit comments to 40 characters, including spaces)

PREPARED BY: Shirley Crutchfield DATE: June 26, 1996

AUTHORIZED BY: Sandra Kimberly DATE: 7/17/96

ORIGINAL INV. NO: _____ DATE PAID: _____ AMOUNT: _____

REFUND ENTERED INTO COLLECT BY: _____

REFUND DETERMINED BY: _____ DATE: _____

NOV 12 III
RTC REN \$1400
304598 LETA 11/7/95
399440