

VOID SHEET

TO: License Fee Management Branch

FROM: RIII

SUBJECT: VOIDED APPLICATION

Control Number: 399372  
Applicant: Fort Hamilton-Hughes Hospital  
License Number: 34-D2091-03  
Docket Number: 030-02698  
Date Voided: May 14, 1996

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

[Signature] 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: SL 6/24/96

220094

9607220100 960514  
PDR ADOCK 03002698  
C PDR

ML  
30  
BT 11

(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  
EXP. DATE: 19951130  
FEE COMMENTS: CODE 23  
DECOM FIN ASSUR REQD: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
APPLICANT/LICENSEE: FORT HAMILTON-HUGHES HOS  
RECEIVED DATE: 951030  
DOCKET NO: 3002698  
CONTROL NO.: 399372  
LICENSE NO.: 34-02091-03  
ACTION TYPE: RENEWAL

**REFUND DUE -  
ELIGIBLE FOR EXTENSION**

2. FEE ATTACHED

AMOUNT: 1400  
CHECK NO.: 074888

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

Log	Nov 3 III
Remitter	
Check No.	17880
Amount	\$1400
Fee Category	7C
Type of Fee	Renewal
Date Check Rec'd	11/7/95
Date Completed	11/7/95
By:	SC

RECEIVED

NOV 13 1995

REGION III



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**

## APPLICATION FOR MATERIAL LICENSE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 9 HOURS. SUBMITTAL OF THE APPLICATION IS NECESSARY TO DETERMINE THAT THE APPLICANT IS QUALIFIED AND THAT ADEQUATE PROCEDURES EXIST TO PROTECT THE PUBLIC HEALTH AND SAFETY. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (T-8 F33), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0120), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

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 APPLICATIONS WITH:

DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY  
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001

## 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:

LICENSING ASSISTANT SECTION  
NUCLEAR MATERIALS SAFETY BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
475 ALLENDALE ROAD  
KING OF PRUSSIA, PA 19406-1415

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

NUCLEAR MATERIALS LICENSING SECTION  
U.S. NUCLEAR REGULATORY COMMISSION, REGION II  
101 MARIETTA STREET, NW, SUITE 2900  
ATLANTA, GA 30323-0199

## 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  
801 WARRENVILLE RD.  
LISLE, IL 60532-4351

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS,  
LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA,  
OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH,  
WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING SECTION  
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV  
611 RYAN PLAZA DRIVE, SUITE 400  
ARLINGTON, TX 78011-8084

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)

- ☐ A. NEW LICENSE  
☐ B. AMENDMENT TO LICENSE NUMBER  
☒ C. RENEWAL OF LICENSE NUMBER 34-02091-03

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

Fort Hamilton-Hughes Hospital  
630 Eaton Ave.  
Hamilton, Ohio 45013

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

Fort Hamilton-Hughes Hospital  
630 Eaton Ave.  
Hamilton, Ohio 45013

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

Stanley B Ignatow, MD

## TELEPHONE NUMBER

(513) 867-2311

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 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 170.31 7C AMOUNT ENCLOSURE \$ 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, 36, 38 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.

## CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE

James Kingsbury, President and CEO

## SIGNATURE

*James Kingsbury*

## DATE

10/27/95

## FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	

RECEIVED

OCT 30 1995

399372  
REGION III  
PRINTED ON RECYCLED PAPER



FORT HAMILTON-HUGHES  
MEMORIAL HOSPITAL

630 Eaton Avenue  
Hamilton, Ohio 45013  
(513) 867-2000

October 27, 1995

Fort Hamilton-Hughes Hospital requests renewal of NRC license number 34-02091-03 (Docket #030-02698). Enclosed please find supporting documents which reflect our current program. Also enclosed is a check for the renewal in the amount of \$1400 (category 7C) as required by 10CFR170.

If you have any questions, please direct them to Stanley B. Ignatow, M.D. R.S.O. at (513) 867-2311.

Thank you.

Sincerely,

James Kingsbury  
President and CEO

encl: NRC Form 313  
supporting material

RECEIVED

OCT 30 1995

REGION III



November 2, 1995

Fort Hamilton-Hughes Hospital  
ATTN: B. Ignatow, M.D.  
Radiation Safety Officer  
630 Eaton Avenue  
Hamilton, OH 45013

SUBJECT: LICENSE RENEWAL APPLICATION

Dear Dr. Ignatow:

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. 34-02091-03  
Control No. 399372

DOCUMENT NAME: M:\03002698.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"/>	<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</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	11/2/95	<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: 340209103 L

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

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

FORT HAMILTON-HUGHES HOSPITAL

ATTN: JAMES KINGSBURY  
PRESIDENT & CEO

630 EATON AVENUE  
HAMILTON, OHIO 45013

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 34-02091-03 XTND PER RLMKNG

CK 14888

(Limit comments to 40 characters, including spaces)

PREPARED BY: Shirley Crutfield DATE: June 26, 1996

AUTHORIZED BY: Lois Lamberly DATE: 7/17/96

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

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

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

NOV 3 1996

7C REN \$1400

14888 ADA 10/26/96

399372