

VOID SHEET

TO: License Fee Management Branch
FROM: RIII - COLLEEN C. CASEY
SUBJECT: VOIDED APPLICATION

Control Number: 303015
Applicant: ST. FRANCIS HOSPITAL + HEALTH CENTER
License Number: 13-02128-03
Docket Number: 030-09398
Date Voided: 9-18-97

Reason for Void: Licensee needs to resubmit application in entirety and follow Policy & Guidance Directive 86-4, Rev. 1 (1993). He will need some time to prepare docs and will reactivate amendment soon. Licensee agreed to void now. VOIDED AFTER REVIEW.

Signature: Colleen C. Casey Date: 9/18/97

Attachment: Official Record Copy of Voided Action

FOR LFMB USE ONLY

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

0/1

ML30

Comments: _____

Log completed
Processed by: SAC 9/29/97



56

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02230
Status Code:
Fee Category: 7C
Exp. Date: 20020131
Fee Comments:
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. FRANCIS HOSPITAL & HEALTH CNTR.
Received Date: 970902
Docket No: 3009398
Control No.: 303015
License No.: 13-02128-03
Action Type: Amendment

2. FEE ATTACHED

Amount: 470
Check No.: 223423

3. COMMENTS

Signed: D. Hersey
Date: 9/7/97

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered)

1. Fee Category and Amount: 7C \$460

2. Correct Fee Paid. Application may be processed for:

Amendment
Renewal
License

3. OTHER

Signed: [Signature]
Date: 9/8/97

SEP 15 1997

Log	Sep 3 III
Remitter	
Check No.	223423
Amount	\$470 (470) Refund \$10
Fee Category	7C
Type of Fee	AmD
Date Check Rec'd	
Date Completed	9/8/97
By:	SC

10:16 AM 8-25-97

08/13/97

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

Subject: Amendment to St Francis Hospital's Materials License
#13-02128-03

Dear Sir,

The enclosed information is a request to change the room location of our Nucletron Microselectron High Dose Rate Remote Afterloading System.

Facilities:

We are requesting a change of location from the existing room to an adjacent accelerator room.

The Accelerator Room was designed for a 25 Mv X-Ray betatron and then modified to accommodate a 10 Mv Linear accelerator. The wall thickness, including ceiling, varies from 48 inches with 7 inch steel to a minimum wall thickness of approximately 36 inches of high density (147 lb/ft) concrete. The floor is on dirt fill.

The patient is under constant observation during treatments via closed circuit TV system, and intercom. If visual or audio communication is not possible, patient treatment will be suspended until such time communication is possible.

All adjacent areas are unrestricted areas and exposures in these areas will be in compliance with 10 CFR Part 20.1301. The maximum calculated dose to adjacent area (outside door) is 0.0079 mR in any one hour and 0.032 mR in any one week.

Pm: 8-28-97

1600 Albany Street • Beech Grove, IN 46107 • (317) 787-3311

RECEIVED

SEP 02 1997

REGION III

SEP 02 1997

303015

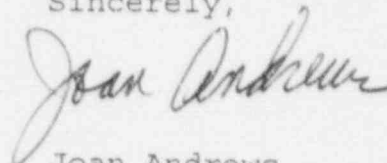
The physical move of the equipment will be performed by the vendor (Nucletron). The actual move is approximately 200 feet on the same floor, the source will be in the safe shielded position. The unit will be disconnected from the electrical connections and rolled to the new room by the vendor. All safety features will be checked and their operation verified by the vendor and the unit will be recalibrated after the move, prior to patient use.

All records of vendor checks and calibration data will be maintained.

The independent radiation monitor will be moved to the accelerator room and will be located so as to be seen either via TV system or from the doorway.

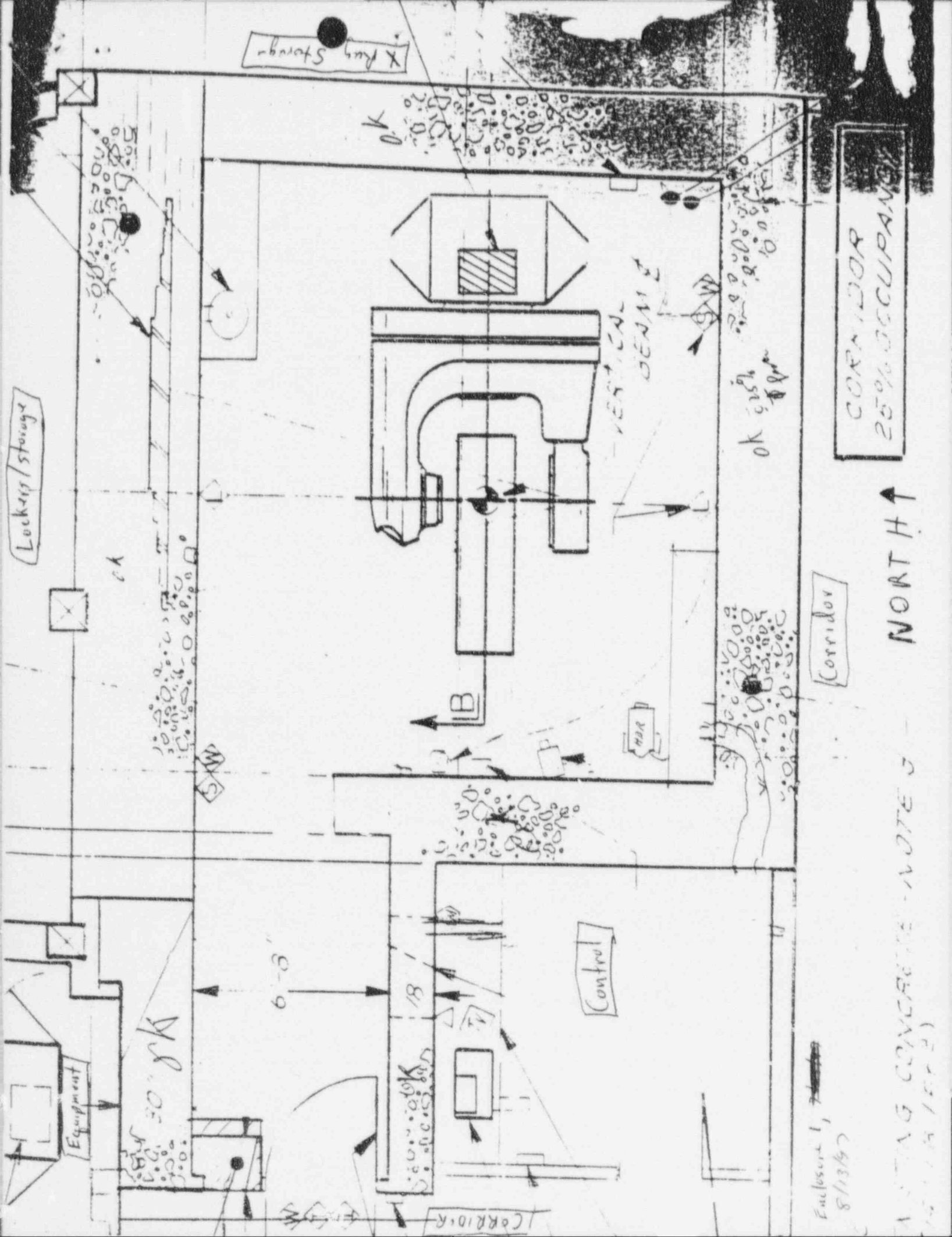
If you have any further questions, please feel free to contact Berry L. Stewart, MS, RSO at 317-865-5171.

Sincerely,



Joan Andrews
Director Oncology
Product Line

Enclosures:



X-Ray Storage

Lockers/Storage

CORRIDOR
25% OCCUPANCY

Corridor

NORTH ↑

CASTING CONCRETE - NOTE 3
8/13/8

Enclosure 1, 7
8/13/8

Control

CORRIDOR

VERTICAL GENIE

6'-8"

30' x 8'

OK 5/15/8

OK 5/15/8

OK 5/15/8

OK

SW

B

HW

SW

CA

X

X

ENCLOSURE 1, 7

8/13/8

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8/13/8

Control

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OK

SW

B

HW

SW

CA

X

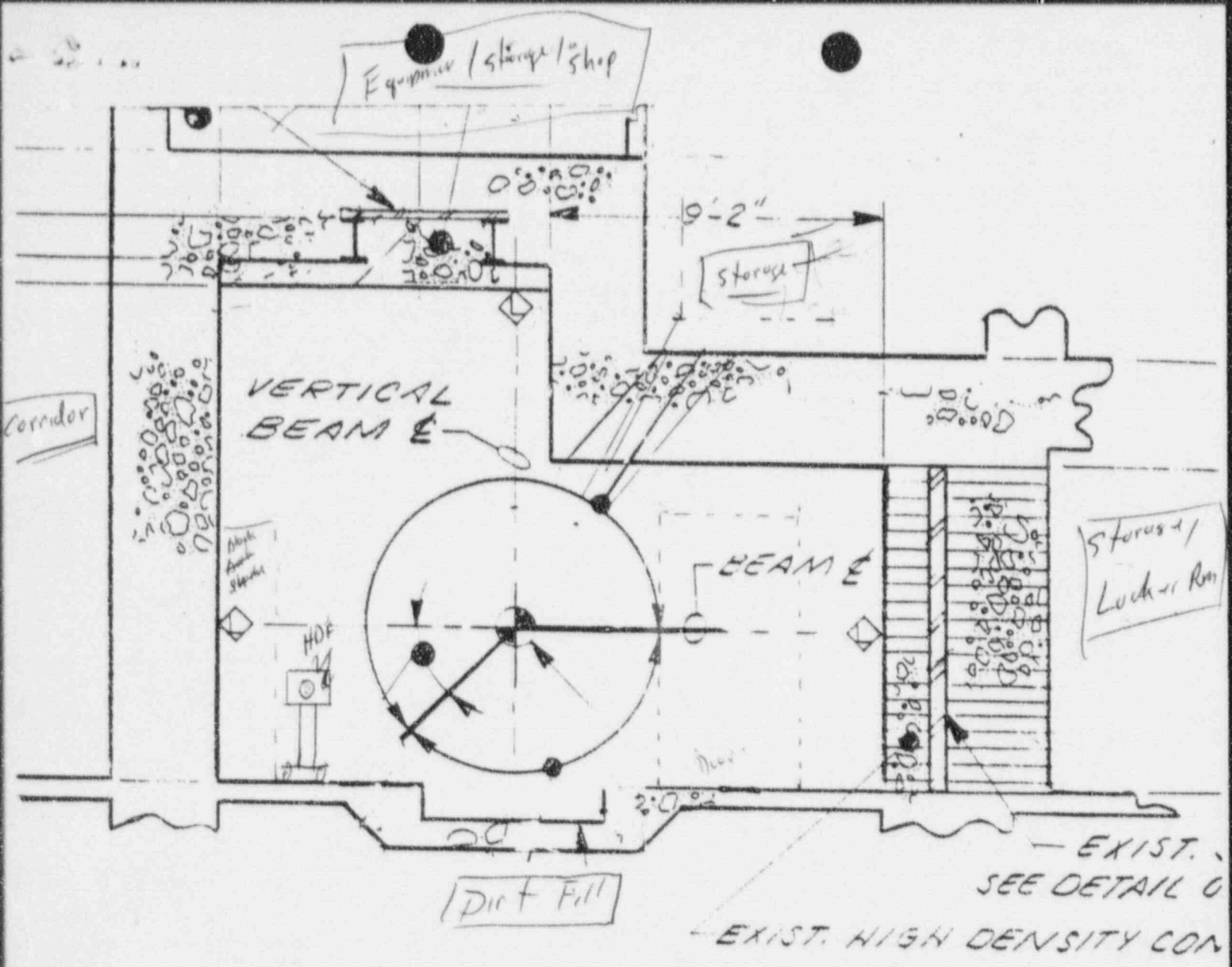
X

ENCLOSURE 1, 7

8/13/8

CASTING CONCRETE - NOTE 3

8/13/8




SECTION E - E

SCALE: 1/4" = 1'-0"

Enclosure 2, ~~7/20/77~~
8/13/77

DO NOT SCALE DRAWING

DESCRIPTION OF CHANGE	SEE SHEET 1		DRAWN	S. JENKINS
			CHECKED	<i>[Signature]</i>
NUM			PROPOSED	ST. F BEECH
				NOT OTHER

TAX ID # 350913537

Lic No 13-02128-03

(317) 787-3311

Docket No 030-09398

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: St. Francis Hospital and Health Ctrs

ADDRESS: 441 Swan Avenue, Ellettsville, IN

ADDRESS: 1600 Albany Street

CITY: Beech Grove STATE: IN ZIP: 46107

TRANS CODE: PX

TRANS TYPE: _____ FUND: _____ JOB CODE: _____ AMOUNT: \$10⁰⁰

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: \$10⁰⁰

COMMENTS: Lic 13-02128-03/ck 223423/8/13/97 reqst

(limit comments to 40 characters, including spaces)

PREPARED BY: Shirley Cristofina DATE: Sept 8, 1997

AUTHORIZED BY: Andrea L. ... DATE: 9/8/97

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

REFUND ENTERED INTO COLLECT BY: _____

REFUND DETERMINED BY: _____ DATE: _____

PLEASE ATTACH APPROPRIATE SUPPORTING DOCUMENTATION

Sep 3 11
OK 223423 wtd 8/27/97
B470
AMD 70 B460
212015



UNITED STATES
NUCLEAR REGULATORY COMMISSION

REGION III
801 WARRENVILLE ROAD
LISLE, ILLINOIS 60532-4351

September 4, 1997

Berry L. Stewart, M.S.
Radiation Safety Officer
St. Francis Hospital & Health Center
1600 Albany Street
Beech Grove, IN 46107

SUBJECT: ACKNOWLEDGEMENT OF CORRESPONDENCE
(Letter Dated 08/13/97)

Dear Licensee:

In response to your request, we have completed the initial processing, which is an administrative review of your application for a(n):

New License Amendment Renewal
 Termination Auth User (Amendment not required)
 Other _____

No administrative deficiencies were identified during this initial review. However, it should be noted that a technical review may identify omissions in the submitted information.

It appears that your request is routine (see 1-3 below, as applicable).

1. New and amendment actions are normally processed within 90 days, unless we find major deficiencies, or policy issues requiring central program office assistance.
2. Renewal actions are normally processed within 180 days, however, under timely filing (before expiration), you may continue to operate under your existing license.
3. Termination actions are normally processed within 90 days, unless confirmatory surveys following decontamination/decommissioning activities are involved.

A copy of your correspondence has been forwarded to our Licensing Fee and Debt Collection Branch (301/415-6097) for approval of the fee category and amount, if required.

If you have a compelling safety or business-related reason for requesting expedited review, please contact the Materials Licensing Branch at (630) 829-9887. We will try to complete your request as soon as practicable. Any correspondence about this request should reference the control number.

Nuclear Materials Support Branch

Mail Control No. 303015
License No. 13-02128-03