

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - _____

SUBJECT: VOIDED APPLICATION

Control Number: 304093

Applicant: St. Louis Dept of Health

License Number: 24 -11263-01

Docket Number: 030-05125

Date Voided: 6/30/98

Reason for Void: Notification only.

Mital T. Velib 6/30/98
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 8/5/98 ML30

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 03123
Status Code: 0
Fee Category: 3P 2C
Exp. Date: 20030630
Fee Comments:
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. LOUIS CTY. DEPARTMENT OF HEALTH
Received Date: 980622
Docket No: 3005125
Control No.: 304093
License No.: 24-11263-01
Action Type: Amendment

Returned 7/21/98
for Void sc

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed
Date

[Signature]
6/24/98

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

1. Fee Category and Amount: 3P(2C)

2. Correct Fee Paid. Application may be processed for:
Amendment
Renewal
License

3. OTHER

Signed
Date

JUL 27 1998

Log	<u>Jun 14 1998</u>
Remitter	<u> </u>
Check No.	<u> </u>
Amount	<u> </u>
Fee Category	<u>3P(2C)</u>
Type of Fee	<u>Amnd</u>
Date Check Rec'd	<u> </u>
Date Completed	<u> </u>
By:	<u> </u>



St. Louis County
Department of Health

June 17, 1998

Nuclear Materials Licensing Branch
United States
Nuclear Regulatory Commission
Region III
801 Warrenville Road
Lisle IL 60532-4351

Re: License No. 24-11263-01

Expiration Date: June 30, 2003

Dear Sir,

This is to inform you that I am retiring from St. Louis County Department of Health on July 1, 1998. The new RSO for license # 24-11263-01 will be Robert A. Nicolotti Ph.D.

An amendment request for my removal and the addition of Penny Hotaling and Robert Nicolotti to USNRC Materials License # 24-11263-01, along with there qualifications and the required fee will follow.

Sincerely,

Linda Blackburn, Supervisor, RSO
Environmental Radiation Laboratory
St. Louis County Department of Health
111 South Meramec Ave.
Clayton, MO 63105

Buzz Westfull
County Executive

Paula Livingston-Thomas
DDS, MPH
Director

111 S. Meramec Avenue
Clayton, Missouri 63105

Phone: (314) 854-6000
Fax: (314) 854-6435
TDD: (314) 854-6446

An equal opportunity employer

304093

RECEIVED

JUN 22 1998

pm 6/18/98
REGION III

LICENSE FEE REQUIREMENTS

ATTN: SHIRLEY CRUTCHFIELD (301) 415-6097
U.S. Nuclear Regulatory Commission
License Fee and Accounts Receivable Branch
P. O. Box 954574
St. Louis, MO 63195-4514ST. LOUIS COUNTY DEPARTMENT OF HEALTH
ATTN: LINDA BLACKBURN, SUPERVISOR, RSO
111 SOUTH MERAMEC AVENUE
CLAYTON, MO 63105

TYPE OF ACTION

- ☐
- NEW LICENSE
-
- ☐
- RENEWAL OF LICENSE
-
- ☒
- AMENDMENT TO LICENSE

REQUESTED DATE

06/17/1998

LICENSE NUMBER

24-11263-01

CONTROL NUMBER

304093

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 10 CFR Part 170. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.

FEE CATEGORY	APPLICATION	RENEWAL	AMENDMENT
2C	\$	\$	\$ 580.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(s) DUE	\$	580.00
PAYMENT RECEIVED	\$	0.00
AMOUNT DUE	\$	580.00

☒ Your request was received without the prescribed application fee.☐ We received your check listed below. Payment of the additional fee noted above is required.
Check Number
\$ 0.00 Amount☐ 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.

II. FEE NOT REQUIRED

- ☐
- Check Number Enclosed is your check which accompanied your request. The fee is not required because:
-
- ☐
- Check Number We received your check listed in payment of the fee.
-
- ☐
- Date of Request The Licensing staff has informed us that your request is to be considered as a continuation of the request listed.
-
- ☐
- Control Number
-
- ☐
- Date of Request Your request was combined, prior to review, with the request listed.
-
- ☐
- Control Number

III. CHECK RETURNED

- ☐
- Check Number Enclosed is your check 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 Number The listed license was issued without the required fee being collected. The fee required is noted in Section I of this form.
-
- Amendment Number
-
- Date issued
-
- ☐
- The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section 1 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 1 of this form.

SIGNATURE -- LICENSE FEE ANALYST

LFDCB

LFDCB

Distribution
OC/DAF/LFARB S/F
(LF-327)
OC/DAF/LFARB RF
OC/DAF R/F

Pending Cy

DATE

SHIRLEY CRUTCHFIELD

6/30/98

REGION 3

06/30/1998



UNITED STATES
NUCLEAR REGULATORY COMMISSION

REGION III
801 WARRENVILLE ROAD
LISLE, ILLINOIS 60532-4351

June 24, 1998

Linda Blackburn, Supervisor
Radiation Safety Officer
St. Louis County Department of Health
Environmental Health Lab.
111 S. Meramec
Clayton, MO 63105

SUBJECT: ACKNOWLEDGEMENT OF CORRESPONDENCE
(Letter Dated June 17, 1998)

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 completed within 90 days, unless we find major deficiencies, or policy issues requiring central program office assistance.
2. Renewal actions are normally completed within 180 days, however, under timely filing (before expiration), you may continue to operate under your existing license.
3. Termination actions are normally completed 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.

We will try to complete your request as soon as practicable. Any correspondence about this request should reference the control number. Please direct any questions concerning your request to the Materials Licensing Branch at (630) 829-9807.

Materials Support Branch

Mail Control No. 304093
License No. 24-11263-01