

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Mike Weber

SUBJECT: VOIDED APPLICATION

Control Number: 301819

Applicant: Northern Indiana Oncology Center

License Number: SVB-1546

Docket Number: 040-09003

Date Voided: 9/20/96

Reason for Void: Action was finished by

another reviewer on 9/6/96! Duplicate of 301570.
VOIDED BEFORE REVIEW.

Michael F. Weber
Signature

9/20/96
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 10/18/96

220034

ML
30
SD

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 11210
Status Code: 2
Fee Category: 2B
Exp. Date: 19960731
Fee Comments: SHIELDING
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: NORTHERN INDIANA ONCOLOGY CENTER
Received Date: 960912
Docket No: 4009003
Control No.: 301819
License No.: SUB-1546
Action Type: Renewal

2. FEE ATTACHED

Amount: 0
Check No.: 2

3. COMMENTS

Signed
Date

S. Hersey
9-2-96

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

1. Fee Category and Amount: 2B

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

Amendment ✓
Renewal
License

3. OTHER

Signed
Date

SC
9/25/96

1996 SEP 20 PM 3:08

Log	<u>3ep 6 III</u>
Remitter	<u>Renewal</u>
Check No.	<u>2B</u>
Amount	<u>0</u>
Fee Category	<u>2B</u>
Type of Fee	<u>RENEWAL</u>
Date Check Rec'd	<u>9/25/96</u>
Date Completed	<u>9/25/96</u>
By	<u>SC</u>

North~~on~~ Indiana Oncology Center
of Porter Memorial Hospital LLC

54 Roosevelt Road • Valparaiso, Indiana 46383 ■ (219) 462-8246 • FAX # (219) 462-7902

September 3, 1996

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

RE: License Number SUB-1546

Dear Ms. Watson,

Per our telephone conversation today this letter is requesting you to renew our license #SUB-1546. The license has not changed since last renewal. License SUB-1546 will expire on 7/31/96. There is no fee or application form NRC 313 needed at this time as per Ms. Shirley Crutchfield from NRC, Washington.

If you have any further questions, please, contact me at 219-462-8246. Thank you.

Sincerely,

Adrienne Bires, R.T.(R)(T)
Managing Chief Therapist
Oncology Services

RECEIVED

SEP 12 1996

REGION III

OCT 02 1996

301819

SEP 12 1996

FEE NOT REQUIRED

pm: 9-9-96



UNITED STATES
NUCLEAR REGULATORY COMMISSION

REGION III
801 WARRENVILLE ROAD
LISLE, ILLINOIS 60532-4351

September 12, 1996

Adrienne S. Bires, R.T.(R)(T)
Managing Chief Therapist
Oncology Services
Northern Indiana Oncology Center
of Porter Memorial Hospital
54 Roosevelt Road
Valparaiso, IN 46383

SUBJECT: ACKNOWLEDGEMENT OF CORRESPONDENCE
(Letter Dated 09/03/96)

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. 301819
License No. SUB-1546

September 17, 1996

Koppolu P. Sarma, M.D.
Radiation Safety Officer
Northern Indiana Oncology Center
of Porter Memorial Hospital
54 Roosevelt Road
Valparaiso, IN 46383

SUBJECT: LICENSE RENEWAL APPLICATION

Dear Dr. Sarma:

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. SUB-1546
Control No. 301819

DOCUMENT NAME: M:\04009003.DT6

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								
NAME	MMEENAN: <i>jam</i>								
DATE	09/17/96								

OFFICIAL RECORD COPY



UNITED STATES
NUCLEAR REGULATORY COMMISSION

REGION III
801 WARRENVILLE ROAD
LISLE, ILLINOIS 60532-4351

September 18, 1996

Koppolu P. Sarma, M.D.
Radiation Safety Officer
Northern Indiana Oncology Center
of Porter Memorial Hospital
54 Roosevelt Road
Valparaiso, IN 46383

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Nuclear Materials Support Branch

Mail Control No. 301819
License No. SUB-1546