

NOV 28 1995

Mr. Richard H. Scheffer  
President  
Wing Memorial Hospital Corporation  
Wright Street  
Palmer, Massachusetts 01069

Dear Mr. Scheffer:

In accordance with 10 CFR 35.14, your letter dated October 7, 1995 is accepted as notification that you have permitted the individuals named in your letter referenced above to work as authorized users pursuant to 10 CFR 35.13(b)(1). No further correspondence on this matter is required.

Your cooperation is appreciated.

Sincerely,

**ORIGINAL SIGNED BY:  
JO ANN V. STAMBAUGH**

JoAnn V. Stambaugh  
Division of Nuclear Materials Safety

License No. 20-15280-01  
Docket No. 030-08859  
Control No. 122430

Enclosure:  
10 CFR Part 35

DOCUMENT NAME: R:\WPS\MLTR\L2015280.01

To receive a copy of this document, indicate in the box: "C" = Copy w/o attach/encl "E" = Copy w/ attach/encl "N" = No copy

OFFICE	DNMS/RI	N	DNMS/RI				
NAME	Stambaugh/jvs	HS					
DATE	10/30/95	10/30/95	10/ /95	10/ /95	10/ /95	10/ /95	

OFFICIAL RECORD COPY

**ML 10**

9610290068 951128  
PDR ADOCK 03008859  
C PDR



# Wing Memorial Hospital & Medical Centers

030-0 8859

OCTOBER 7, 1995

US NUCLEAR REGULATORY COMMISSION  
REGION I NUCLEAR MATERIAL SAFETY SECTION B  
475 ALLENDALE ROAD  
KING OF PRUSSIA, PA 19406

DEAR SIRs:

WE WOULD LIKE TO AMEND OUR NRC MATERIALS LICENSE  
#20-15280-01 IN THE FOLLOWING MANNER:

PLEASE ADD THE FOLLOWING MD's TO OUR LICENSE:

<u>NAME</u>	<u>MATERIAL AND USE</u>	<u>LICENSE #</u>
CHARLES W. AUSTIN, MD	35.100; 35.200	20-00096-02
ROBERT M. AUSTIN, MD	35.100; 35.200	20-00096-02
ALAN S. BROWN, MD	35.100; 35.200	20-00096-02
BRET F. COUGHLIN, MD	35.100; 35.200	20-00096-02
ROBERT H. DANN, MD	35.100; 35.200	20-00096-02
FREDRICK E. HAMPF, MD	35.100; 35.200	20-00096-02
BRUCE J. HASKIN, MD	35.100; 35.200	20-00096-02
RICHARD J. HICKS, MD	35.100; 35.200	20-00096-02
STEPHEN V. KLEIN, MD	35.100; 35.200	20-00096-02
RHETT KRAUSE, MD	35.100; 35.200	20-00096-02
GERALD N. LAPIERRE, MD	35.100; 35.200	20-00096-02
DAVID ETHAN MARCH, MD	35.100; 35.200	20-00096-02
DAVID MARINELLI, MD	35.100; 35.200	20-00096-02
PAUL B. MARKARIAN, MD	35.100; 35.200	20-00096-02
DAVID B. MERNOFF, MD	35.100; 35.200	20-00096-02

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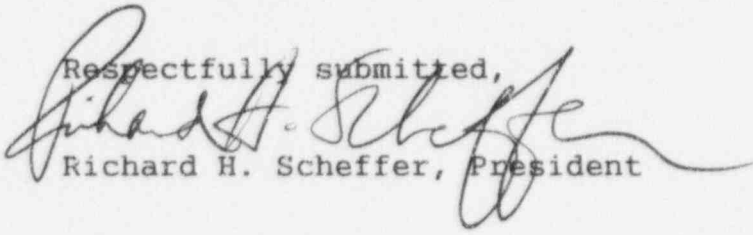
**ML 10**

**122430**

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<u>NAME</u>	<u>MATERIAL AND USE</u>	<u>LICENSE#</u>
ROBERT H. NENNINGER, MD	35.100; 35.200	20-00096-02
THOMAS H. PARKER, MD	35.100; 35.200	20-00096-02
JEHANGIR J PATEL, MD	35.100; 35.200	20-00096-02
JAMES P. POLGA, MD	35.100; 35.200	20-00096-02
SAID ZU'BI, MD	35.100; 35.200	20-00096-02
RONALD P. HANC, M.S.	Cesium 137 for instrument calibration	20-00096-02

Respectfully submitted,

  
Richard H. Scheffer, President

## LICENSE FEE REQUIREMENTS

LICENSE FEE AND DEBT COLLECTION BRANCH  
DIVISION OF ACCOUNTING AND FINANCE  
OFFICE OF THE CONTROLLER  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001WING MEMORIAL HOSPITAL CORPORATION  
ATTN: RICHARD H. SCHEFFER  
PRESIDENT  
WRIGHT STREET  
PALMER, MA 01069

## TYPE OF ACTION

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

REQUESTED DATE

LICENSE NUMBER

20-15280-01

CONTROL NUMBER

122430

\*YOUR REQUEST IS CONSIDERED AS NOTIFICATION, NO  
AMENDMENT TO THE LICENSE IS NEEDED. NO FEE IS DUE.

## 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 the enclosed Federal Register notice. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.

FEE CATEGORY	APPLICATION	RENEWAL	AMENDMENT
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(S) DUE \$

PAYMENT RECEIVED \$

AMOUNT DUE \$

☐ Your request was received without the prescribed application fee.☐ We received your Check No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_. Payment of the additional fee noted above is required.☐ 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

☒ Enclosed is Check No. 101105 (8430) which accompanied your request. The fee is not required because: \*☐ We received your Check No. \_\_\_\_\_ in payment of the fee.☐ The Licensing staff has informed us that your request is to be considered as a continuation of your request dated \_\_\_\_\_, Control No. \_\_\_\_\_.☐ Your request was combined, prior to review, with your request, Control No. \_\_\_\_\_.

## III. CHECK RETURNED

☐ Enclosed is Check No. \_\_\_\_\_ 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 No. \_\_\_\_\_ Amendment No. \_\_\_\_\_, issued on \_\_\_\_\_.

\_\_\_\_\_ was issued without the required fee being collected. The fee required is noted in Section I of this form.

☐ The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section I 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 I of this form.

SIGNATURE - LICENSE FEE ANALYST

LFDCB

LFDCB

BRENDA BROWN (301-415-6055)

BB *BB*  
10/10/96

Distribution:

Region I LFARB R/F  
Pending OC/DAF R/F  
BBrown OC/DAF S/F (LF-3.2.7)

DATE

10-10-96

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM  
AND  
REGIONAL LICENSING SECTIONS

PROGRAM CODE: 02120  
STATUS CODE: 0  
FEE CATEGORY: 7C  
EXP. DATE: 19990131  
FEE COMMENTS: CODE 23  
DECOM FIN ASSUR REQD: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
APPLICANT/LICENSEE: WING MEMORIAL HOSPITAL CORP.  
RECEIVED DATE: 951016  
DOCKET NO: 3008859  
CONTROL NO.: 122430  
LICENSE NO.: 20-15280-01  
ACTION TYPE: NOTIFICATIONS

*Hold for KI  
not. location letter*

2. FEE ATTACHED  
AMOUNT: \$ 430.00  
CHECK NO.: 101105

3. COMMENTS

SIGNED *Brown Rebecca J.*  
DATE *10/18/95*

9. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED *✓*)

1. FEE CATEGORY AND AMOUNT: *7C* *Not. location - No AMD needed*

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:  
AMENDMENT  
RENEWAL  
LICENSE

3. OTHER

SIGNED  
DATE

*Fees  
Paid 10/21/95*

Log *Nov 8*  
Check No. *101105*  
Amount *\$430*  
Fee Category *7C*  
Type of Fee *NOTIFICATION - NO AMD NEEDED*  
Date Check Rec'd *11/6/95*  
Date Completed *11/6/95*  
By: *Brenda Brown*

*Returned check  
to licensee*