

**MATERIALS LICENSE
SUPPLEMENTARY SHEET
OFFICIAL RECORD COPY**

License Number

37-02763-02

Docket or Reference Number

030-00475

Amendment No. 19

St. Joseph Medical Center
Department of Radiation Therapy
215 North 12th Street, Box 316
Reading, Pennsylvania 19603

In accordance with the letter dated September 3, 1996, License Number 37-02763-02 is hereby terminated.



SEP 29 1996

Date _____

For the U.S. Nuclear Regulatory Commission

Original Signed By:

By

Michelle Beardsley

Nuclear Materials Safety Branch

Region I

King of Prussia, Pennsylvania 19406

9610070097 960929
PDR ADDCK 03000475
C PDR

ML 10

SEP 29 1996

Patrick F. Roche
President and Chief Executive Officer
St. Joseph Medical Center
215 North 12th Street
Reading, PA 19603

Dear Mr. Roche:

Please find enclosed Amendment No. 19 terminating License No. 37-02763-02 as requested by the letter dated September 3, 1996.

Your cooperation with us is appreciated.

Sincerely,

Original Signed By:
Michelle Beardsley

Michelle R. Beardsley
Division of Nuclear Materials Safety

License No. 37-02763-02
Docket No. 030-00475
Control No. 123680

Enclosure:
Amendment No. 19

DOCUMENT NAME: R:\WPS\MLTR\T3702763 02

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	Beardsley						
DATE	09/17/96		09/ /96		09/ /96		09/ /96

OFFICIAL RECORD COPY

ML 10



Franciscan Health System *

St. Joseph Medical Center

030-00475

September 3, 1996

A Ministry
of the Sisters
of St. Francis
of Philadelphia

Licensing Assistance Section
Nuclear Materials Safety Branch
U.S. Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

Dear Sir:

This letter is to inform you that the AECL Theratron 780, SN 74 Cobalt-60 teletherapy unit was removed from our facility by representatives of Theratronics International Limited on August 29, 1996. I have enclosed copies of the Disposal Certificate and Wipe Test Report documentation provided to us by Theratronics, as well as the results of the radiation area survey and wipe tests performed by our Physicist.

We do not intend to install a new Cobalt-60 teletherapy unit. Please terminate our NRC radioactive material license No. 37-02763-02.

Please contact me if I can provide additional information. Thank you.

Sincerely yours,

Patrick F. Roche
President and Chief Executive Officer

Enclosures

030-00475

NRC FORM 314

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3160-0028

EXPIRES: 06/30/98

(6-95)

10 CFR 30.36(c)(1)(iv)

10 CFR 40.42(c)(1)(iv)

10 CFR 70.38(c)(1)(iv)

CERTIFICATE OF DISPOSITION OF MATERIALS

INSTRUCTIONS: ALL ITEMS MUST BE COMPLETED -- PRINT OR TYPE
SEND THE COMPLETED CERTIFICATE TO THE NRC OFFICE SPECIFIED ON THE REVERSE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS MANDATORY INFORMATION COLLECTION REQUEST: 30 MINUTES. THIS SUBMITTAL IS USED BY NRC AS PART OF THE BASIS FOR ITS DETERMINATION THAT THE FACILITY HAS BEEN CLEARED OF RADIOACTIVE MATERIAL BEFORE THE FACILITY IS RELEASED FOR UNRESTRICTED USE. 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 (3160-0028), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503. AN AGENCY MAY NOT CONDUCT OR SPONSOR, AND A PERSON IS NOT REQUIRED TO RESPOND TO, A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A CURRENTLY VALID OMB CONTROL NUMBER.

LICENSEE NAME AND ADDRESS

Saint Joseph Medical Center
Department of Radiation Therapy
215 North 12th Street, Box 316
Reading, PA 19603

LICENSE NUMBER

37-02763-02

LICENSE EXPIRATION DATE

11-30-2001

A. MATERIALS DATA (Check one and complete as necessary)

THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT:

(Check and/or complete the appropriate item(s) below.)

- ☐ 1. NO MATERIALS HAVE EVER BEEN PROCURED OR POSSESSED BY THE LICENSEE UNDER THIS LICENSE.
- OR
- ☒ 2. ALL ACTIVITIES AUTHORIZED BY THE LICENSE HAVE CEASED AND ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSE NUMBER CITED ABOVE HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER. (If additional space is needed, use the reverse side or provide attachments.)

Describe specific material transfer actions and, if there were radioactive wastes generated in terminating this license, the disposal actions including the disposition of low-level radioactive waste, mixed waste, Greater-than-Class-C waste, and sealed sources, if applicable.

For transfers, specify the date of the transfer, the name of the license recipient, and the recipient's NRC license number or Agreement State name and license number.

If materials were disposed of directly by the licensee rather than transferred to another licensee, licensed disposal site or waste contractor, describe the specific disposal procedures (e.g., decay in storage)

B. OTHER DATA

- ☒ 1. OUR LICENSE HAS NOT YET EXPIRED; PLEASE TERMINATE IT.
2. A RADIATION SURVEY WAS CONDUCTED BY THE LICENSEE TO CONFIRM THE ABSENCE OF LICENSED RADIOACTIVE MATERIALS AND TO DETERMINE WHETHER ANY CONTAMINATION REMAINS ON THE PREMISES COVERED BY THE LICENSE. (Check one)
- ☐ NO (Attach explanation)
- ☒ YES, THE RESULTS (Check one)
- ☒ ARE ATTACHED, or
- ☐ WERE FORWARDED TO NRC ON (Date)

3. THE PERSON TO BE CONTACTED
REGARDING THE INFORMATION
PROVIDED ON THIS FORM

NAME

Patrick F. Roche, President
and CEO

TELEPHONE NUMBER

(Include Area Code)
610-378-2000

4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO

Mr. Patrick F. Roche, President and CEO
St. Joseph Medical Center Twelfth and Walnut Sts. Box 316 Reading, PA 19603

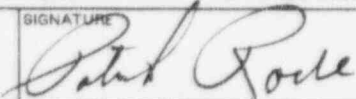
CERTIFYING OFFICIAL

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

PRINTED NAME AND TITLE

Patrick F. Roche, President
and CEO

SIGNATURE



DATE

123680
9/9/96

WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECTS. 18 U.S.C. SECTION 1001 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 JURISDICTIONS.

SEP 13 1996

FILE CERTIFICATES AS FOLLOWS:

IF YOU ARE A DISTRIBUTOR OF EXEMPT PRODUCTS, SEND TO:

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

ALL OTHERS, 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 ASSISTANCE 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 SAFETY 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 ROAD
LISLE, IL 60532-4351

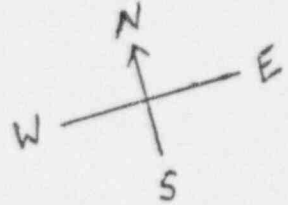
ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO,
HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA,
NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA,
OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA,
TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND
APPLICATIONS TO:

MATERIAL RADIATION PROTECTION SECTION
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TX 76011-8064

FINAL RADIATION LEVEL/REMOVABLE CONTAMINATION
SURVEY after Theratronics 780 Co-60 Teletherapy
Unit Decommissioning on August 29, 1996

ST. JOSEPH HOSPITAL, READING, PA
DEPARTMENT OF RADIATION ONCOLOGY
(BASEMENT, NORTH WING, B BLDG)

RADIATION LEVEL SURVEY
MEASUREMENT POINTS



U
N
E
X
C
A
V
A
T
E
D

C
O
R
R
I
D
O
R

SIEMENS MD-2
LINEAR ACCELERATOR

source
position
indicator

LINAC RM

C
O
N
S
O
L
E

Note: Circled numbers indicate
locations where wipe
tests were performed. (See
attached wipe test results.)

Radiation Area Survey performed
using Keithley 36155, SN 37262
(Digital) Integrating Radiation
Survey Meter (calibrated 3-7-96)
(background reading= <0.1 mR/hr)

All areas surveyed= <0.1 mR/hr

SCALE: $1/8" = 1'$

Note:
24 " concrete slab separates
Co-60 room and First Floor above

U
N
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X
C
A
V
A
T
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D

C
O
R
R
I
D
O
R

THERATRON 780
COBALT-60 UNIT
isocenter

Cs-137
SAFE

source
position
indicator

CONSOLE

C
L
O
S
E
D

DOOR

SIMULATOR
CONSOLE

St. Joseph Medical Center

Department of Nuclear Medicine

Reading PA

Therapy 780, SW 74

Cobalt-60 unit removed 8-29-96

WIPE TESTS FOR 08/29/96

Sorted By Location

Aug 29, 1996 18:02:54

Page: 1

Full Spectrum Counting Efficiency: 44.4 %

Wipe #	Wipe Location (referenced to sketch of area)	Date/ Isotope	Time/ keV	Counts (cpm)	Activity (dpm)
4	Co-60 room west floor	08/29/96	17:57:03	5.000	0.000 µCi
10	Co 60 room center 2	08/29/96	17:52:17	0.000	0.000 µCi
5	Co-60 NW floor	08/29/96	17:44:05	9.000	0.000 µCi
5	Co-60 NW floor	08/29/96	17:36:38	51.00	0.000 µCi
6	Co-60 North floor	08/29/96	17:45:33	9.000	0.000 µCi
6	Co-60 North floor	08/29/96	17:34:40	-12.00	0.000 µCi
1	Co-60 console	08/29/96	17:32:08	-9.000	0.000
1	Co-60 console	08/29/96	17:24:42	55.00	124.0
7	Co-60 room East floor	08/29/96	17:47:07	29.00	0.000 µCi
7	Co-60 room East floor	08/29/96	17:42:03	31.00	0.000 µCi
8	Co-60 room East floor 2	08/29/96	17:48:43	1.000	0.000 µCi
3	Co-60 room SW floor	08/29/96	18:00:27	1.000	0.000 µCi
9	Co-60 room center 1	08/29/96	17:50:40	31.00	0.000 µCi
2	Co-60 room doorway	08/29/96	17:58:33	24.00	0.000 µCi

** Exceeds Trigger Levels

Karen E. Wagner, RSO
8-29-96

THERATRONICS

DISPOSAL CERTIFICATE

P & S 51980

CUSTOMER: ST. Joseph Hospital

LOCATION: 12th + Walnut Street Reading PA 19603

TELE THERAPY UNIT MODEL T 780 SERIAL NO. 74

SOURCE S/N 54707 CURIES 5588 TBq 207 MEASUREMENT DATE 4 MAR 1994

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY THAT THE FOLLOWING RADIOACTIVE MATERIAL HAS BEEN REMOVED FROM THE UNIT DESCRIBED HEREIN, AND RETURNED TO THERATRONICS INTERNATIONAL LTD., KANATA, ONTARIO, CANADA FOR DISPOSAL:

COBALT 60 ☒ CAESIUM 137 ☐ DEPLETED URANIUM 126.5 Kg. Lbs.

COMMENTS:

Shipped source serial # 54707 in Shipping Container F147
NO 56, shipped Head and Collimator, Trimmers⁽⁴⁾ and
URANIUM Block set 7 pieces. Via Cabana Kingsway
PRO # 93108121-5, BACK TO Kanata for Disposal

Theratronics Service Representative

Mike Kinsaul

Name

Mike Kinsaul

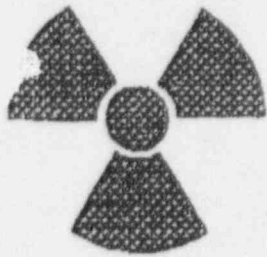
Signature

29 AUG 1996

Date

Theratronics International Limited • 413 March Road • PO Box 13140 • Kanata Ontario K2K 2B7

(613) 591-2100 • Fax (613) 591-0518 • Telex 053-4416



CAUTION:

DEPLETED URANIUM
RADIOACTIVE
MATERIAL

CONTENTS: (be specific)

780 BLOCK Set 7 pieces _____ KG 5.4 _____

55 CM TRIMMERS _____ KG 1.7 x 4 = 6.8 _____

Primary Dolomite Tungsten _____ KG ~~4.4~~ _____

TOTAL WEIGHT: _____
Head 104.3
In Box 12.2
~~104.3~~ (KG)

MODEL: 7780 # 74 _____ HEAD SERIAL: 47 106 _____

P&S: 51980 _____ RGA: 3988 _____

St. Joseph Hospital Reading Pa

Mike Kinsman _____

29 AUG 1996 _____

ORIGINATOR

DATE

This form is to be placed on the top of the interior DU radioactive
material package so that it is readily visible on opening

REPORT OF ROUTINE WIPE TEST FOR CONTAMINATION

Important: Equipment containing radioactive sources shall be wipe tested for removable radioactive contamination at intervals not to exceed six months. Radioactive material transport packages shall be wipe tested for removable radioactive contamination on receipt and prior to shipment. Records of test results shall be kept in microcuries or S.I. units and maintained for inspection by the appropriate Licensing Authority. If a wipe test result is **POSITIVE** suspend operations and notify the Competent Authority, the Facility Radiation Safety Officer and Theratronics International Ltd.

Institution ST Joseph Hospital Reading PA Unit Type T780 Serial 074 Date 29 AUG 96

Table 1

Meter Used	Serial #	Calibration Due Date	Sensitivity Factors (with window open)	
			A (counts per min)	B (μCi)
Berthold Ratio/F	1754	6 June 1996	40 c/min =	0.005 μCi ^{60}Co (185 Bq)
Berthold Ratio/F			140 c/min =	0.005 μCi ^{238}U
Berthold LB 1200			110 c/min =	0.005 μCi ^{60}Co
Berthold LB 1200			1500 c/min =	0.005 μCi ^{238}U

1. Perform the wipe tests using the method detailed in SOP # 5.04-AA-17 or applicable Operator's Manual. Complete the entries in table 2 for each wipe.
2. If any wipe exceeds the background count by more than 5 counts per minute do the calculations illustrated below to determine the amount of contamination in microcuries, enter this amount in table 2 under the column for μCi ^{60}Co or μCi ^{238}U .
3. **EVALUATION:** wipe is **NEGATIVE** if test result is less than reportable limit of 0.005 μCi (185 Bq) for a sealed source wipe test and 0.0001 $\mu\text{Ci}/\text{cm}^2$ (3.7 Bq/ cm^2) for removable contamination on accessible surfaces. Wipe test is **POSITIVE** if test result is more than reportable limit.

Table 2

	Wipe Item: Caution: Wipe area not to exceed 100 cm^2	Wipe c/min	Backgrnd c/min	Net c/min	μCi ^{60}Co	μCi ^{238}U	Wipe Negative	Wipe Positive
1 ✓	incoming fireshield	11	11				X	
2 ✓	bore before source is removed	11	11				X	
3 ✓	collimator	11	11				X	
4 ✓	surface of source container	13	11	2			X	
5 ✓	inside doors of container	11	11				X	
6 ✓	bore after source is removed	11	11				X	
7	bore after new source installed	N/A	N/A				N/A	
8 ✓	outgoing fire shield	12	11	1			X	
9 ✓	table top and tools	11	11				X	
10	other:							

CALCULATIONS

1. (Wipe reading _____ c/min) - (Background Reading _____ c/min) = Net c/min _____
Net c/min _____ x 0.005 μCi (B)
2. Amount of Contamination (μCi) = _____ c/min (A) (A and B are the meter sensitivity factors from Table 1)
3. Conversion to S.I. Units: (i) 0.001 μCi = 37Bq (ii) 0.005 μCi = 185Bq

Certified that the tests indicated above have been carried out by or under the supervision of the undersigned:

Name Mike Kinsahl Signature M. Kinsahl Date 29 AUG 1996

Theratronics International Limited, 413 March Road, PO Box 13140, Kanata, Ontario K2K 2B7
(613) 591-2100-Fax (613) 591-0518-Telex 053-4416

THERATRONICS

TRANSPORT PACKAGE CHECKLIST (AT CUSTOMER SITES)

INSTITUTION: ST Joseph Hospital UNIT: T780 SERIAL: 74

TRANSPORT CONTAINER MODEL: F147 SERIAL: 56 P&S: 51980

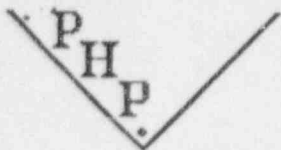
NOTE: RECEIPT OF CONTAINER: do steps 1,2,3 SHIPMENT OF CONTAINER: all steps except #2

1. CONDUCT VISUAL INSPECTION ☒ PASS ☐ FAIL
2. DO RADIATION SURVEY TO VERIFY THAT FIELDS CONFORM TO PACKAGE LABELLING:
☐ RADIOACTIVE I - WHITE ☐ RADIOACTIVE II - YELLOW ☐ RADIOACTIVE III - YELLOW
0.-0.5 inrem/hr, T.I. = 0 0.5-50 mr/hr, T.I. ≤ 1.0 50-200 mr/hr, T.I. ≤ 10
empty
3. PERFORM WIPE TEST(S) (as per #5.04-AA17) ☒ PASS ☐ FAIL
4. PACKAGE PREPARATION FOR SHIPMENT PROCEDURE
☐ F-143/F-158 DS1094 F143 ☒ F-147 DS1088 F147 ☐ T780 SERIES P1075 G00/P1450 G00
5. ☐ CONTAINER LOADED SOURCE SERIAL No. 54707 ☐ CONTAINER EMPTY
6. EMPTY LABELS (empty container if applicable, qty 2)
NA ☐ EMPTY LABELS INSTALLED OVER METAL CAUTION - RADIOACTIVE PLATES
☐ PREVIOUS SHIPPING LABELS COVERED, DEFACED OR REMOVED
7. TAGS AND PLATES ATTACHED TO FLASK
☒ DANGER TAGS AND WIRE SEALS PLACED ON DOORS ☐ DANGER TAG TAPED TO SIDE
☒ CAUTION - RADIOACTIVE MATERIAL CONTENT PLATE ATTACHED
8. PLATES ATTACHED TO FLASK AND FIRESHIELD
☒ CAUTION - RADIOACTIVE ☒ AECB CERTIFICATION
9. INFORMATION LABELS AND WIRE SEALS ATTACHED TO FIRESHIELD
☒ SPECIAL HANDLING INSTRUCTIONS ☒ CAUTION STENCIL
☒ SHIP TO LABEL ☒ SHIPPER'S ADDRESS ☒ LEAD WIRE SEAL
10. CONDUCT RADIATION SURVEY
SURVEY METER MODEL/SERIAL No.: Brethold Pak/S CALIBRATION DUE DATE: 6-6-97
☐ MAXIMUM RADIATION LEVEL ON CONTACT (SPECIFY) 1.5 mr/hr
☒ MAXIMUM RADIATION LEVEL AT ONE METRE (SPECIFY) .5 mr/hr *
* Note This Measurement is the Transport Index of the package without the mr/hr notation
11. RADIOACTIVE WARNING LABELS ATTACHED TO BOTH SIDES OF FIRESHIELD
☐ RADIOACTIVE I - WHITE ☒ RADIOACTIVE II - YELLOW ☐ RADIOACTIVE III - YELLOW
12. SHIPPING DOCUMENTS ☒ COMPLETE AND ACCURATE
13. CONSIGNEE NOTIFICATION ☒ CONSIGNEE NOTIFIED

Mike Kinsaul Mike Kinsaul
AUTHORIZED THERATRONICS SERVICE REPRESENTATIVE

29 Aug 1996
DATE

Theratronics International Limited
413 March Road, P.O. Box 13140, Kanata, Ontario, Canada
Tel (613) 591-2177 Fax (613) 591-0518



PITTSBURGH HEALTH PHYSICS
1505 Candlewood Drive
Pittsburgh, PA 15241-2909
412-831-3158

Theratronics International
Installer Data Form

Complete the form by filling in the spaces.

Survey Date(s): 29 AUG 1996

Client : Hospital/Clinic
Physicist/Contact
Telephone

Customer Identification:

ST. Joseph Medical Center
KAREN WAGNER
610-378-2117

Address: Bldg/Suite
Street
City
State/Zip

12th + Walnut Streets
Radiation Onc. Dept
Reading
PA 19603

Unit Identification :

Sources Identification:

Isotope
P&S Number

CO 60
51980

Old Source S/N
Activity (Ci) - (Old)
Assay date - (Old)

54707
5588 Ci
4 MAR 94

Unit Manufacturer
Unit Model & S/N

Theratronics
T780 # 74

New Source S/N
Activity (Ci) - (New)
Assay date - (New)

N/A
N/A
N/A

Please check spaces #1 - #9 to indicate that a sample was taken and is included with the return kit.

#1 In Fireshield

✓

#2 Bore before Source

✓

#3 Coll. before Source

✓

#4 Surface Source Cont.

#5 Inside Doors Cont.

✓

#6 Bore Empty

✓

#7 Bore After Source Inst.

N/A

#8 Stretcher Top & Tools

✓

#9 Outgoing Source Cont.

✓

Radiation Survey Information

Survey performed by:

Print Name

M. De Kinsaa

Sign Name

M. De Kinsaa

Kit Number

106

Comments:

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

(FOR LFMS USE)
INFORMATION FROM LTS

PROGRAM CODE: 02300
STATUS CODE: 0
FEE CATEGORY: 7A
EXP. DATE: 20011130
FEE COMMENTS: -----
DECOM FIN ASSUR REQD: N
.....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: ST. JOSEPH MEDICAL CENTER
RECEIVED DATE: 960913
DOCKET NO: 3000475
CONTROL NO.: 123680
LICENSE NO.: 37-02763-02
ACTION TYPE: TERMINATION

2. FEE ATTACHED

AMOUNT: -----
CHECK NO.: -----

3. COMMENTS

SIGNED M. A. Pershian
DATE 9/16/96

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED) 1

1. FEE CATEGORY AND AMOUNT: 7A

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:

AMENDMENT -----
RENEWAL -----
LICENSE -----

3. OTHER -----

SIGNED -----
DATE -----

RECEIVED BY LFDCB	
Date	9/23/96
	Aug 24 1996
	BB
Case Completed	9/23/96

FEE EXEMPT

1996 SEP 20 PM 2:19