

**MERITER**

48-00395-02  
03003403

November 18, 1996

1996 NOV 26 PM 3:25

Ms. Shirley Crutchfield  
License Fee and Debt Collection Branch  
Division of Accounting and Finance  
Office of the Controller  
U.S. Nuclear Regulatory Commission  
Washington, DC 20555-0001

Dear Ms. Crutchfield:

It appears there has been an error in the payment of our amendment request fee. In an effort of clarification, a timeline of events is being submitted.

It is my belief that Meriter Hospital has over paid the appropriate amendment fee by \$440.00.

Meriter Hospital, Inc.  
202 S. Park Street  
Madison, WI 53715  
608 267-6000

License No. 48-00395  
Mail Control No. 301807

- 22-August-96 Request for an amendment filed with check #241581 for \$440.00 (attachment 1).
- 06-September-96 Acknowledgment of correspondence, Control #301807 (attachment 2).
- 30-September-96 License Fee Requirement. The amendment request was received without the prescribed application fee of \$440.00 (attachment 3).
- 10-October-96 Payment stop requested on check #241581. New check #237027 issued for \$440.00 (attachment 4).
- 15-November-96 Both checks cleared bank. Check #241581 cleared on 26-August-96 (This was prior to the stop payment of 10-October-96), check #237027 cleared 18-October-96 (attachment 5).

I respectfully request return of \$440.00 at your earliest convenience.

Sincerely,

*Robert Coats*

Robert Coats, Senior Vice President  
Meriter Hospital

RC/kw

230039

12/5/96 - Called Mr. Coats  
Informed him that \$440  
Refund is forthcoming  
sc.

9612230264 961118  
PDR ADOCK 03003403  
C PDR

ML30 1/1

**MERITER™**

Meriter Health Services  
Madison, Wisconsin  
(608) 258-3208

FIRSTAR BANK BURLINGTON, N.A.  
BURLINGTON, IOWA

CHECK NO.

241581

9999-76

72-2151  
739

DATE

CHECK NO.

AMOUNT

PAY

08/22/96

00241581

\*\*\*\*\*440.00

\*\*\*\*\*  
FOUR HUNDRED FORTY AND 00/100 DOLLARS

TO THE  
ORDER  
OF

US NUCLEAR REGULATORY COMMISSION  
LICENSE FEE & ACCTS REC BRANCH  
P.O. BOX 95414  
ST. LOUIS, MO 63195-4514

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

⑈241581⑈ ⑆073921514⑆ 080 364 3⑈

⑈0000044000⑈

Attachment 1

ENDORSE HERE

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE

005 4514017 100109403 4 0004514 003-26-96 15 5 12

07 XXX 005 00/26/96  
XXXXXXXXXX SRT 036  
00100210 MERC STL NO  
1700040517

CREDIT TO THE ACCOUNT OF THE  
WITHIN NAMED PAYEE  
PAYMENT ACCEPTED W/O PREJUDICE  
LACK OF ENDORSEMENT GUARANTEED  
MERCANTILE BK OF ST. LOUIS NA  
1005 CONVENTION PLAZA  
314-444-4550  
→ 081000210 ←

00/27/96  
0730000228

350770455

# 2 1 6 0 6 1 7



UNITED STATES  
NUCLEAR REGULATORY COMMISSION

REGION III  
801 WARRENVILLE ROAD  
LISLE, ILLINOIS 60532-4351

Attachment 2

September 6, 1996

John S. Edwards, M.D.  
Radiation Safety Officer  
Meriter Hospital Incorporated  
202 South Park Street  
Madison, WI 53715-1599

SUBJECT: ACKNOWLEDGEMENT OF CORRESPONDENCE  
(Letter & Application Dated 08/19/96)

Dear Licensee:

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

<input type="checkbox"/> New License	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Renewal
<input type="checkbox"/> Termination	<input type="checkbox"/> Auth User (Amendment not required)	<input type="checkbox"/> QMP Revision
<input type="checkbox"/> 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. 301807  
License No. 48-00395-02

NRC FORM 577  
(1-95)

U.S. NUCLEAR REGULATORY COMMISSION

## LICENSE FEE REQUIREMENTS

LICENSE FEE AND CEBT COLLECTION BRANCH  
DIVISION OF ACCOUNTING AND FINANCE  
OFFICE OF THE CONTROLLER  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001MERITER HOSPITAL, INC.  
ATTN: ROBERT L. COATS  
CHIEF OPERATING OFFICER  
202 S. PARK STREET  
MADISON, WISCONSIN 53715-1599

## TYPE OF ACTION

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

REQUESTED DATE

8-19-96

LICENSE NUMBER

48-00395-02

CONTROL NUMBER

301807

## 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
7C	\$	\$	\$ 440.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(s) DUE	\$	440.00
PAYMENT RECEIVED	\$	0.00
AMOUNT DUE	\$	440.00

☒ Your request was received without the prescribed application fee.

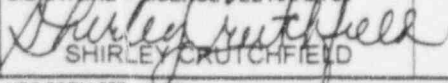
☐ We received your Check No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_. Payment of the additional fee noted above is required.

☐ 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.

SIGNATURE - LICENSE FEE ANALYST


  
SHIRLEY CRUTCHFIELD

## II. FEE NOT REQUIRED

☐ Enclosed is Check No. \_\_\_\_\_ 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.

DATE

(LEAVE BLANK)

Sept. 30, 1996

INVOICE NUMBER	AMOUNT	DISCOUNT	NET AMOUNT
AMENDMENT	440.00	.00	440.00
<div> <div>Stop payment 10/10/96</div> </div>			
TOTALS	440.00	.00	440.00

610-01 808544 MERITER HEALTH SERVICES (608) 258-3208 MADISON, WISCONSIN

PLEASE DETACH BEFORE DEPOSITING

7-89



Meriter Health Services  
Madison, Wisconsin  
(608) 258-3208

FIRSTAR BANK BURLINGTON, N.A.  
BURLINGTON, IOWA

CHECK NO. 241581

72-2151  
739

PAY	DATE	CHECK NO.	AMOUNT
	08/22/96	00241581	*****440.00

FOUR HUNDRED FORTY AND 00/100 DOLLARS

TO THE  
ORDER  
OF

US NUCLEAR REGULATORY COMMISSION  
LICENSE FEE & ACCTS REC BRANCH  
P.O. BOX 95414  
ST. LOUIS, MO 63195-4514

AUTHORIZED SIGNATURE

COPY - NOT NEGOTIABLE

AUTHORIZED SIGNATURE

Attachment 4



INVOICE NUMBER	AMOUNT	DISCOUNT	NET AMOUNT
AMENDMENT	440.00		440.00
TOTALS			

610-01 808544

**MERITER HEALTH SERVICES**

MADISON, WISCONSIN

(608) 258-3208

RETAIN THIS PORTION

PLEASE DETACH BEFORE DEPOSITING

**MERITER™**

Meriter Health Services  
Madison, Wisconsin  
(608) 258-3208

FIRSTAR BANK BURLINGTON, N.A.  
BURLINGTON, IOWA

CHECK NO.

237027

Control # 301807

72-2151  
738

DATE

CHECK NO.

AMOUNT

PAY

\*\*\*\*FOUR HUNDRED FORTY DOLLARS AND .00/100\*\*\*

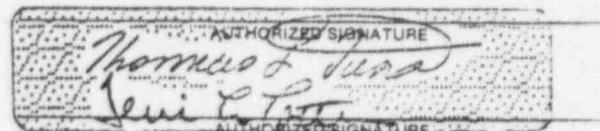
10/10/96

237027

\*\*\*\*\*\$440.00\*\*\*\*\*

TO THE  
ORDER  
OF

U.S. NUCLEAR REGULATORY COMMISSION  
LICENSE FEE & ACCTS REC-BRANCH  
P.O. BOX 954514  
ST. LOUIS, MO 63195-4514



⑈ 237027 ⑈ ⑆ 073921514 ⑆ 080 364 3 ⑈

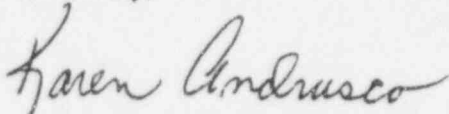
October 14, 1996

U.S. Nuclear Regulatory Commission  
License Fee and Accts Rec. Branch  
P.O. Box 954514  
St. Louis, MO 63195-4514

Dear U.S. Nuclear Regulatory Commission:

A check was submitted with the original application. It has not been returned for payment. A photocopy of the original check is included. We have since stopped payment on the first check dated 08/22/96 and reissued the enclosed check.

Sincerely,



Karen Andrusco, Nuclear Medicine Supervisor  
Meriter Hospital

KA/kw

Meriter Hospital, Inc.  
302 S. Park Street  
Madison, WI 53715  
608 267-6000



**MERITER**

Meriter Health Services  
Madison, Wisconsin  
(608) 258-3208

FIRSTAR BANK BURLINGTON, N.A.  
BURLINGTON, IOWA

CHECK NO.

241581

9999-76

72-2151  
739

PAY

DATE

CHECK NO.

AMOUNT

08/22/96

00241581

\*\*\*\*\*440.00

FOUR HUNDRED FORTY AND 00/100 DOLLARS

TO THE  
ORDER  
OF

US NUCLEAR REGULATORY COMMISSION  
LICENSE FEE & ACCTS REC BRANCH  
P.O. BOX 95414  
ST. LOUIS, MO 63195-4514

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

⑈241581⑈ ⑆07392151⑆ 080 364 3⑈

⑈0000044000⑈

005 4514017 100109403 4 0004514 08-26-96 15 5 12  
07 XXXX 005 08/26/96  
XXXXXXXXXXXXX SORT 036  
081000210 MERC STL MO  
1782949517  
CREDIT TO THE ACCOUNT OF THE  
WITHIN NAMED PAYEE  
PAYMENT ACCEPTED W/O PREJUDICE  
LACK OF ENDORSEMENT GUARANTEED  
MERCANTILE BK OF ST. LOUIS N.A.  
1005 CONVENTION PLAZA  
314-444-4550  
➔ 081000210 ➔

08/27/96  
073000228

3507784456

⑈241581⑈

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

Attachment 5

**MERITER**

Meriter Health Services  
Madison, Wisconsin  
(608) 258-3208

FIRSTAR BANK BURLINGTON, N.A.  
BURLINGTON, IOWA

CHECK NO. 237027

Control # 301807

9999-96  
96-0

72-2151  
739

PAY

DATE

CHECK NO.

AMOUNT

\*\*\*\*FOUR HUNDRED FORTY DOLLARS AND .00/100\*\*\* 10/10/96 237027 \*\*\*\*\*\$440.00\*\*\*\*\*

TO THE  
ORDER  
OF

U.S. NUCLEAR REGULATORY COMMISSION  
LICENSE FEE & ACCTS REC BRANCH  
P.O. BOX 954514  
ST. LOUIS, MO 63195-4514

AUTHORIZED SIGNATURE  
*Thomas J. Tuna*  
A. L. L. L.  
AUTHORIZED SIGNATURE

⑈237027⑈ ⑆073921514⑆ 080 364 3⑈

⑆0000044000⑆

001 4514026 100109403 4 0904514 10-18-96 15 5 2

07 3798 812 10/17/96  
1001292232 SORT 034  
081000210 MERC STL MO

1877679030

CREDIT TO THE ACCOUNT OF THE  
WITHIN NAMED PAYEE  
PAYMENT ACCEPTED W/O PREJUDICE  
LACK OF ENDORSEMENT GUARANTEE.  
MERCANTILE BK OF ST. LOUIS N.A.  
1005 CONVENTION PLAZA  
314-444-4550  
081000210

10/18/96  
073000228

3304636777

⑈21194295⑈

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE

ENDORSE HERE

ACTION: S TABLEID: ZOC1 USERID: AN14

\*\*\* OVERCOLLECTION LINE INQUIRY TABLE \*\*\*

KEY IS OVERCOLLECTION DOC ID

OVERCOLLECTION DOC ID: CR LB960826999 011

INVOICE ID: BD UNBILLED

VENDOR CODE: FRAS

VENDOR NAME: FINANCIAL REPORTS & ANAL SECT

OVERCOLLECTION AMT: 440.00

REFUND PAYMENT

DOCUMENT ID

REFUND PAYMENT

AMOUNT

01-  
02-  
03-  
04-  
05-  
06-  
07-

01-ZA03W DOCUMENT HAS NOT BEEN REFUNDED

CRLT  
LB 96 0826 999  
⇒ MATA/OC

CRLT  
LB 96 1017 999  
⇒ MATU

48-00395-02  
03003403

## 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: Meriter Hospital, Inc.

ADDRESS: Attn: Mr. Robert Coats, Sr. Vice President

ADDRESS: 202 A. Park Street

CITY: Madison STATE: WI ZIP: 53715

TRANS CODE: PX

TRANS TYPE: FE FUND: X5280 JOB CODE: \_\_\_\_\_ AMOUNT: \$440<sup>00</sup>

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: \$440<sup>00</sup>

COMMENTS: Lic 48-00395-02/CK 23727/Refnd

8/19/96 rest

(limit comments to 40 characters, including spaces)

PREPARED BY: Shirley Crutchfield DATE: Dec. 5, 1996

AUTHORIZED BY: Shirley Crutchfield DATE: 12/10/96

ORIGINAL INV. NO: \_\_\_\_\_ DATE PAID: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

REFUND ENTERED INTO COLLECT BY: \_\_\_\_\_

REFUND DETERMINED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Sep 5 III

7C AmD #440

CK# 23727 Dated 10/10/96

Licensee placed a stopped  
payment on the above check -

Reissued check # 241581 -

Both checks were cashed by NRC

PLEASE ATTACH APPROPRIATE SUPPORTING DOCUMENTATION

2211007