

VOID SHEET

TO: License Fee Management Branch

FROM:

RLV

SUBJECT: VOIDED APPLICATION

Control Number:

466109

Applicant:

Univ. of Oklahoma (35-03176-05)

Date Voided:

12/31/96

Reason for Void:

Combined w/ m/c # 465994. No review
accomplished.

Billie Suszynski
Signature

1/6/97
Date

Attachment:

Official Record Copy of
Voided Action

FOR LFMB USE ONLY

9702030099 970106
PDR ADOCK 03015185
C PDR

Final Review of VOID Completed:

- ☒ Refund Authorized and processed
☐ No Refund Due
☐ Fee Exempt or Fee Not Required

Comments:

Log completed

Processed by:

Rem

ML40

Acceptance Review Check List



Action Type:

- ☐ New
- ☒ Amendment
- ☐ Renewal

Mail Control

No. 466109

Initials of
Individual
Completing
Form

Date: _____

Administrative

Exclusion Items

Requiring Return to Applicant:

- ☐ Current Guidance Not Used
- ☐ References in Application Not to Current Regulations
- ☐ All Attachments Referenced Are Not Included
- ☐ Signature Not on Application

Technical Exclusion Items Requiring Technical Reviewer Time Estimates:

- ☐ Request for Expedited Handling for Radiation Safety/Business Concerns
- ☐ Request for Exemption to Specific Regulation(s)
- ☐ Change in Ownership Concerns
- ☒ Financial Assurance/DFP Required
- ☐ Decommissioning Plan Review
- ☐ Quality Management Plan
- ☐ Termination of License Requiring NRC Closeout Survey
- ☐ Bankruptcy Notification
- ☐ Approval of Long Term Storage/Alternative Form of Waste Disposal
- ☐ Facility Modifications Requiring Shielding Calculations
- ☐ Authorization to Possess and Use Large Quantities of Unsealed Materials
- ☐ HDR/Gamma Knife
- ☐ Major Increase In Authorized Users
- ☐ Approval Of Training Program
- ☐ Approval of Incineration of Radioactive Waste
- ☐ Authorization For Sealed Source or Device Requiring SSD Approval Review
- ☐ Environmental Assessment or Impact Statement Required
- ☐ Emergency Plan Contingency Plan Required
- ☐ Type A Broad Scope/Complex Research & Development Application

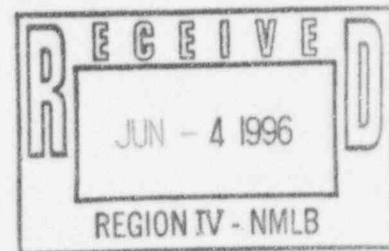
Reviewer: MCH

Estimate of Time Needed:

☒ 30 Days ☐ 60 Days ☐ 90 Days ☐ Other

Comments:

Jack reviewed a draft amendment request + I have no idea
where the documents Subpart referenced are located.

**FAX SHEET**

**Radiation Safety Office
1000 Stanton L. Young Blvd.
Library - 176
Oklahoma City, OK 73104-1208
Phone: (405) 271-6121
Fax: (405) 271-1768**

To: Christi Hernandez **From:** Subhash Danak

Date: 5/31/96 **Number of pages** 2
(including cover)

Message: _____



The University of Oklahoma

May 31, 1996

Health Sciences Center

RADIATION SAFETY OFFICE

Jack Whitten
Senior Health Physicist
Nuclear Materials Licensing Section
United States Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-8064

RE: Docket No.: 030-15185
License No.: 35-031716-05
Control No.: 463416

Dear Mr. Whitten:

Pursuant to our conversation on Friday, May 24, 1996, I will modify 1. A and B to comply with the decommissioning cost. Please remove the maximum activity 1. A and B in the attachment B in a letter dated December 03, 1993.

A new condition should read that the maximum activity of the unsealed radioactive waste will be stored in such a manner that the unity rule will apply for \$150,000.00 decommissioning cost stated previously. Inventory will be updated for the radionuclide (half-life greater than 120 days) received for storage; however, inventory is updated at least monthly for all radionuclides. Unity rule compliance calculations are performed at least monthly to assure compliance with \$150,000.00 decommissioning cost; however, they will be performed more frequently upon reception of the waste.

Extended storage will include any by-product material with atomic numbers 3 through 83 (inclusive of 3 and 83).

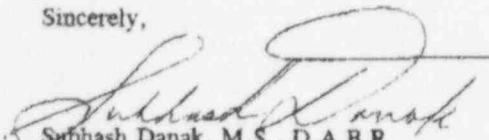
Whenever radioactive waste storage activity is such that the unity rule calculation indicates 0.9, the measures will be discussed with the management for prompt resolution in order to reduce stored waste or increase the decommissioning cost with the N.R.C.

Whenever the calculation reaches 0.95, the radioactive waste (half-life higher than 120 days) will not be accepted for storage until unity calculation drops below 0.95.

In addition, the radioactive sealed sources waste storage possession shall be limited to 10^{10} times the applicable quantities of Appendix C to 20.1001 -20.2402 of 10 CFR Part 20 in sealed sources or plated foils. (For a combination of isotopes, if R., as defined in 30.35 Ca) divided by 10^{10} shall be less than one. Significant action will be taken as previously described if calculation indicates 0.9 and no sealed sources will be accepted for storage at 0.95.

Please do not hesitate to contact me at 405-271-6121 if you need further information.

Sincerely,


Subhash Danak, M.S., D.A.B.R.
Radiation Safety Officer



The University of Oklahoma

Health Sciences Center

RADIATION SAFETY OFFICE

July 30, 1996

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

Dear Ms. Messier:

Pursuant to our telephone conversation today, I am providing the requested information regarding the amendment fee invoice dated 6/11/96, Control #466109. University of Oklahoma Health Sciences Center check #431720 was generated on 7/22/96 and mailed directly from the Accounts Payable Department.

If you have any further questions, please feel free to call me so that we may resolve any unanswered questions. I appreciate your assistance.

Sincerely,

Linda S. Vincent

Linda S. Vincent
Administrative Secretary



UNITED STATES
NUCLEAR REGULATORY COMMISSION

REGION IV

611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TEXAS 76011-8064

June 28, 1996

The University of Oklahoma
Health Sciences Center
ATTN: Subhash Danak
Radiation Safety Officer
P. O. Box 26901
Oklahoma City, Oklahoma 73190

SUBJECT: ACKNOWLEDGMENT OF REQUEST FOR LICENSING ACTION

REFERENCE: LETTER DATED MAY 31, 1996

We have completed the administrative review and initial processing of your application.

During the initial processing omissions were identified. These include: 1) copy of letter dated December 3, 1993 referenced in your request. The identified information should be provided within 30 days of the date of this letter so that your request can be forwarded for technical review. Please note that the technical review may identify additional omissions in the submitted information or technical issues that require additional information.

Amendment actions are normally processed within 30 days, unless the technical review identifies:

- Major technical deficiencies
- Decommissioning/decontamination activities are required before an application can be completed
- Confirmatory closeout surveys after decontamination/decommissioning activities are required before a license can be terminated or a facility removed from the license
- Policy issues are identified that require input and coordination with other NRC Regional offices, Agreement State offices, or NRC's Office of Nuclear Materials and Safeguards

A copy of your correspondence has been forwarded to our License Fee and Accounts Receivable Branch, Office of the Controller, who will contact you separately if the appropriate license fee has not been submitted for your request, or for billing if your request is subject to full cost recovery.

Any correspondence about this application should reference the Control number listed above.

Sincerely,

Original Signed By
Billie Gruszynski

Billie Gruszynski (Ms.)
Nuclear Materials Licensing Branch

License: 35-03176-05
Docket: 030-15184
Control: 466109

Enclosures:
As stated

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	RIV:AO:NMLB	N					
NAME	BGruszynski <i>Bg</i>						
DATE	6/26/96						

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 20555-0001THE UNIVERSITY OF OKLAHOMA
HEALTH SCIENCES CENTER
ATTN: SUBHASH DANAK, M.S., D.A.B.R.
RADIATION SAFETY OFFICER
1000 STANTON L. YOUNG BOULEVARD
LIBRARY-176
POST OFFICE BOX 26901
OKLAHOMA CITY, OK 73190

TYPE OF ACTION

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

REQUESTED DATE

5-31-96

LICENSE NUMBER

35-03176-05

CONTROL NUMBER

466109 ATTN: RITA MESSIER, LFARB, T9E10

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
4B	\$	\$	\$ 390.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(s) DUE	\$	390.00
PAYMENT RECEIVED	\$	
AMOUNT DUE	\$	390.00

☒ 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

RITA MESSIER

LFDCB

REMessier

6/11/96

LFDCB

[Signature]

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.

Distribution:

Pending Fee File OC/DAF/SE(LF-3 2.7)

LFARB R/F (2)

Region IV

DATE

6-11-96

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

(FOR LEMS USE)
INFORMATION FROM LTS

PROGRAM CODE: 03234
STATUS CODE: 0
FEE CATEGORY: 4B
FEE DATE: 20060131
FEE COMMENTS: 4B FEE 1/10/86
DECOM FIN ASSUR REQD: Y

1996 JUN -7 PM 3:31

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
APPLICANT/LICENSEE:
RECEIVED DATE:
CHECK NO.:
CONTROL NO.:
LICENSE NO.:
ACTION TYPE:

OKLAHOMA, THE UNIVERSITY OF
960606
3015184
426109
35-03176-05
AMENDMENT

2. FEE ATTACHED
AMOUNT:
CHECK NO.:

3. COMMENTS

SIGNED
DATE

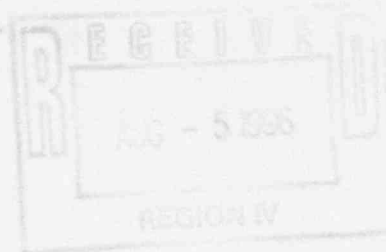
B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED)

1. FEE CATEGORY AND AMOUNT:

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

3. OTHER

SIGNED
DATE



\$390 Refunded

Log	Sum	IV
Remitter		
Check No.	431720	
Amount		\$390
Fee Category	4B	
Type of Fee		Ampl
Date Check Rec'd.		7/31/96
Date Completed		7/31/96
By:	Ken	



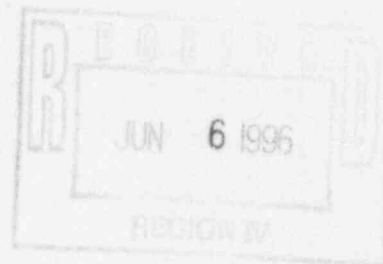
The University of Oklahoma

May 31, 1996

Health Sciences Center

RADIATION SAFETY OFFICE

Jack Whitten
Senior Health Physicist
Nuclear Materials Licensing Section
United States Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-8064



RE: Docket No.: 030-15185
License No.: 35-031716-05
Control No.: 463416

Dear Mr. Whitten:

Pursuant to our conversation on Friday, May 24, 1996, I will modify 1. A and B to comply with the decommissioning cost. Please remove the maximum activity 1. A and B in the attachment B in a letter dated December 03, 1993.

A new condition should read that the maximum activity of the unsealed radioactive waste will be stored in such a manner that the unity rule will apply for \$150,000.00 decommissioning cost stated previously. Inventory will be updated for the radionuclide (half-life greater than 120 days) received for storage; however, inventory is updated at least monthly for all radionuclides. Unity rule compliance calculations are performed at least monthly to assure compliance with \$150,000.00 decommissioning cost; however, they will be performed more frequently upon reception of the waste.

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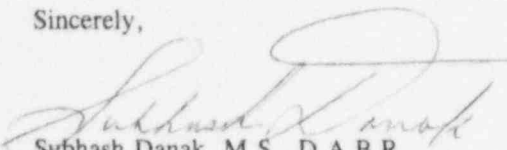
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Please do not hesitate to contact me at 405-271-6121 if you need further information.

Sincerely,


Subhash Danak, M.S., D.A.B.R.
Radiation Safety Officer

466108

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: The University of Oklahoma

ADDRESS: Attn: Subhash Damak, M.S., D.A.B.R.

ADDRESS: 1000 Stanton L. Young Boulevard, Library 176

CITY: Oklahoma City STATE: OK ZIP: 73190

TRANS CODE: PX

TRANS TYPE: FE FUND: X5280 JOB CODE: _____ AMOUNT: \$390.00

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: \$390.00

COMMENTS: 5/31/96 Amd 35-03176-05

Cmbnd w/ 2/8/96

(limit comments to 40 characters, including spaces)

PREPARED BY: Rita Messier DATE: 1/24/97

AUTHORIZED BY: Frankie Kimberly DATE: 1/28/97

ORIGINAL INV. NO: _____ DATE PAID: _____ AMOUNT: _____

REFUND ENTERED INTO COLLECT BY: _____

REFUND DETERMINED BY: _____ DATE: _____

PLEASE ATTACH APPROPRIATE SUPPORTING DOCUMENTATION

HE
AA905 AMD
Jen, IV
466109

030024

CR # 431720
dated 7/22/96
for \$390