

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - CHARLES F. GILL

SUBJECT: VOIDED APPLICATION

Control Number: 302548

Applicant: Blanchard Valley Hospital

License Number: 34-06295-02

Docket Number: 030-02756

Date Voided: May 15, 1997

Reason for Void: License incorrectly identified

Correct License: Schroeder, Leroy, L., M.D.; License No. 34-18674-02  
Void 302548 + request as an amendment request for Dr. Schroeder.

Charles F. Gill  
Signature

5/15/97  
Date

Attachment:  
Official Record Copy of  
Voided Action

FOR LFMB USE ONLY

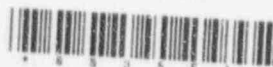
- ☐ Refund Authorized and processed  
☒ No Refund Due  
☐ Fee Exempt or Fee Not Required

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Log completed ☒

Processed by: AAC 6/11/97 dl

ML  
30  
SD



BETWEEN:

Program Code: 02120  
Status Code: 01007  
Fee Category: 7C  
Exp. Date: 20001031  
Fee Comments:  
Decom Fin Assur Read: N

LICENSE FEE TRANSMITTAL

## A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: BLANCHARD VALLEY HOSPITAL  
Received Date: 970418  
Docket No: 3002736  
Control No.: 302548  
License No.: 34-06295-02  
Action Type: Amendment

2. FEE ATTACHED

Amount:                       
Check No.:                     

### 3. COMMENTS

Signed \_\_\_\_\_  
Date \_\_\_\_\_

S. Hershey  
4-22-97

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 \_\_\_\_\_

Log APR 10 III  
Remitter \_\_\_\_\_  
Check No. \_\_\_\_\_  
Amount \_\_\_\_\_  
Fee Category 7C  
Type of Fee AmB  
Date Check Rec'd \_\_\_\_\_  
Date Completed \_\_\_\_\_  
By \_\_\_\_\_



# BLANCHARD VALLEY MEDICAL ASSOCIATES

200 West Pearl Street (419) 424-0380 Findlay, Ohio 45840

## INTERNAL MEDICINE

Bruce A. Bouts, M.D.  
Gary E. Hirschfeld, M.D.  
William H. Kose, M.D., F.A.C.P.  
Lisa M. Krior, M.D.  
Stephen D. Mills, D.O.  
Thomas L. Mount, M.D.

## CARDIOLOGY

Jerome F. Beekman, M.D., F.A.C.C.

## ENDOCRINOLOGY

Leroy L. Schroeder, M.D.

## GASTROENTEROLOGY

Robert L. Heacock, M.D.

## HEMATOLOGY, ONCOLOGY

Ronald A. Pohlmeyer, M.D.  
Raj. Gunda, M.D.

## PULMONARY MEDICINE

Rick D. Watson, M.D.

## RHEUMATOLOGY

Michael W. Lindamood, M.D.

## OFFICE MANAGER

Terry W. Yunker

April 14, 1997

Attn: Material Licensing Branch  
U.S. Nuclear Regulatory Commission, Region III  
801 Warrenville Rd.  
Lisle, Illinois 60532-4351

Re: Amendment Request

Dear Sirs:

Blanchard Valley Medical Associates, located at 200 W. Pearl St., Findlay, Ohio, is completing an addition to the current medical facility. This 20,000 square foot addition will allow for a revamping of Nuclear Medicine and a move of the Nuclear Medicine unit to a new room. The current Nuclear Medicine room is in room 290 of the old building and measures approximately 18' X 15.5'. The new room for the thyroid scanner will be room 125, which measures approx. 12' X 24', and is in a corridor connecting the old and new building. The principle use of the new room will be the same as the old room, that of the storage of x-ray films and thyroid scanning. The old room (290) will be used as an expansion of the laboratory room 240. There is no shielding present in room 290, and no shielding has been planned for room 125. No additional safety equipment is felt to be required.

It is not determined to this date exactly the move time from room 290 to 125, but we would anticipate in July or August of 1997. We request at this time that an additional amendment not have to be filed for the closeout survey, but could be included in this request. The closeout survey of room 290, including ambient dose survey, wipe test, and background readings, will be sent to you as soon as feasible following the move to the new room.

We have enclosed an approximate layout for room 125, and room 290 for your review.

Respectfully submitted,

  
Leroy L. Schroeder, M.D.

LLS/sr  
Enc.

RECEIVED

APR 18 1997

REGION III

302548

pm: 4-16-97

## 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 20555-0001BLANCHARD VALLEY MEDICAL ASSOCIATES  
ATTN: LEROY L. SCHROEDER, M.D.  
200 WEST PEARL STREET  
FINDLAY, OH 45840

## TYPE OF ACTION

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

REQUESTED DATE

4-14-97

LICENSE NUMBER

34-06295-02

CONTROL NUMBER

302548

## 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.☐ 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

LFDCB

5/7/97

LFDCB

Distribution

Pending Fee File

LFARB R/F (2)

OC/DAF/RF  
OC/DAF/SF (LF-3.2.7)  
Region 3

DATE

May 7 1997

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