

TO: License Fee Management Branch
FROM: Region I
SUBJECT: VOIDED APPLICATION

1 (96)
123 730

Control Number: 123730
Applicant: Pennsylvania Testing Laboratories
Date Voided: 5/2/97
Reason for Void: Failure of licensee to pay amendment fees for license
no. 37-28356-01 (030-31040). In addition, enforcement
action requires transfer of guage and termination of
license. After review.

M. A. Berlin 5/2/97
Signature Date

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

Final Review of VOID Completed:

Refund Authorized and processed

☒ No Refund Due

Fee Exempt or Fee Not Required

Comments: no money ever submitted

Log completed

Processed by: BB

030112

OFFICIAL RECORD COPY

ML 10

Robert F. Brannon T/A Pennsylvania Testing Labs330 Franklin St.
West Pittston Pa 18643Phone 654-7861
Fax 654-7861

September 26, 1996

N.R.C.
475 Allendale Road
King of Prussia, Pa. 19406
Attn: Kathy Dolce37-28356-01
030-31040

Dear Kathy

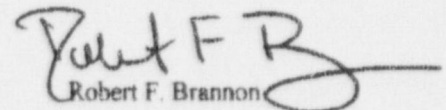
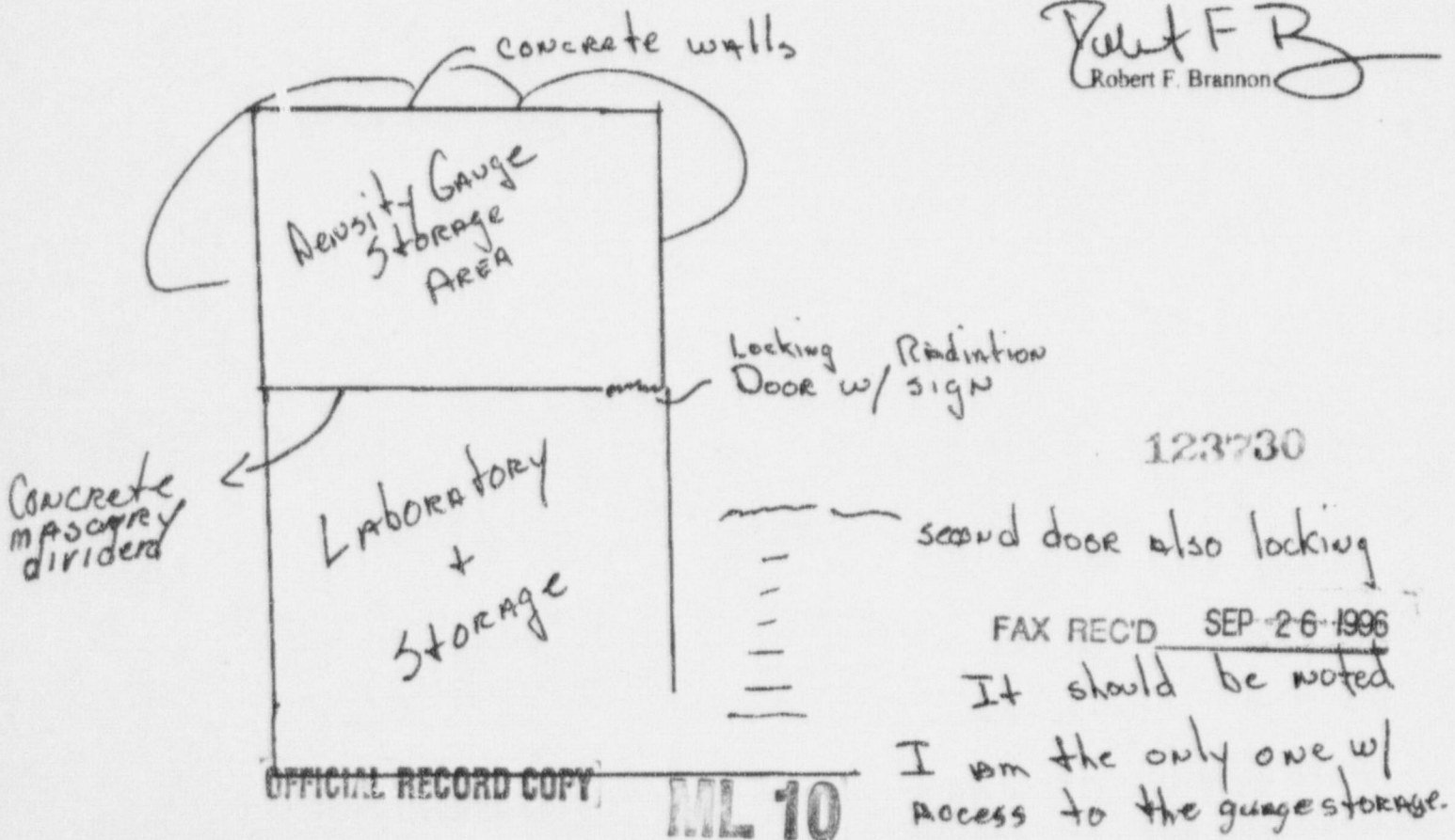
This letter is to inform you that I have taken sole ownership of Pennsylvania Testing Labs and also changed the address and phone number.

Also the density gauge is being stored at the new address (see diagram of storage area below)

New Address: 330 Franklin St.
West Pittston, Pa. 18643

New Phone #: 717-654-7861

Respectfully Submitted


Robert F. Brannon

TELEPHONE CONVERSATION RECORD	Date: 9/20/96	Time: 8:10 AM
Mail Control No.: N/A	License No.: 37-28356-01	Docket No.: 030-31040
Person Called: Bob Brannon	Licensee: Pennsylvania Testing Laboratories	Telephone No.: 717.654.7861
Person Calling: Kathleen Dolce / (610) 337-5251		
Subject: Change of address		
<p>Summary: Mr. Brannon stated that his new address and phone number are: 330 Franklin Street West Pittston, PA 18743 (717) 654-7861</p> <p>He indicated that the Brook and Elm location are no longer. He will be faxing an amendment request with the new gauge storage location and correct address.</p>		
Action Required/Taken: Wait for fax		
Signature: <i>[Handwritten Signature]</i>	Date: 9/20/96	

TELEPHONE CONVERSATION RECORD	Date: 9/26/96	Time: 8:30 AM
Mail Control No.: N/A	License No.: 37-28356-01	Docket No.: 030-31040
Person Called: Bob Brannon	Licensee: Penn. Testing Labs	Telephone No.: 717-654-7861
Person Calling: Kathleen Dolce / (610) 337-5251		
Subject: FAX?		
Summary: Mr. Brannon said that he would fax me an amendment request TODAY. I re-iterated my concern that if we inspect him right now, he would be in non-compliance.		
Action Required/Taken: Wait for fax		
Signature: <i>K. Dolce</i>	Date: 9/26/96	

TELEPHONE CONVERSATION RECORD	Date: 9/24/96	Time: approx. 11AM
Mail Control No.: N/A	License No.: 37-28356-01	Docket No.: 030-31040
Person Called: Bob Brannon	Licensee: Penn. Testing Labs	Telephone No.: 717-654-7861
Person Calling: Kathleen Dolce / (610) 337-5251		
Subject: FAX?		
Summary: Mr. Brannon said that he would fax me an amendment request by Wednesday. I informed Mr. Brannon that if we inspect him right now, he would be in non-compliance.		
Action Required/Taken: Wait for fax		
Signature: <i>K. Dolce</i>	Date: 9/24/96	

CMD: _____

LMS APPLICATION FORM

940819

DOCKET NO: 03031040

LICENSE NO: 37-28356-01

FEDERAL GOV'T: N

INSTITUTION CODE: 28356

LICENSE REGION: 1

STATUS: 0

PRIMARY PGM CODE: 03121

EXPIRATION DATE: 20040930

NAME:

PENNSYLVANIA TESTING LABORATORIES

DEPT/BUREAU:

BUILDING:

STREET:

CITY:

ATTN:

P. O. BOX 571

PITTSTON

STATE: PA

ZIP: 18640

ROBERT F. BRANNON, GEN. MGR. *± RSO*

MAIL CONTROL NO: 120298

RECEIPT DATE: 940819

ACTION TYPE: 4

(YYMMDD)

PRIORITY PROCESSING FLAG: N

COMPLETE: Y

000 000

*BRANCH
3*

vm2.nrc.gov 07:46:18

Mike - This license's registered
mail was returned - For your
info & action - Any info
would be appreciated so I can
resend the invoice.

Thanks,

Penn. Test. Labs:

(717) 654-8359 Pittston, PA

(717) 457-7146 Moosic, PA temporarily disconnected
9AM - 9-19-96

654-7861

Rob D. Brown 654 2912 (Near Pittston) Uncle

Robert F. Brannon R.B. → 992-3076
Cherryvalley (Pocahontas)

Sandy K.

PENNSYLVANIA TESTING LABS
RADIATION SAFETY OFFICER
P.O. BOX 871
PITTSBURGH, PA 15240

March 12, 1997

Note To File: PA Testing Laboratories
37-28356-01
AM3055-96

FROM: Brenda Brown *bb*

I received a telephone call from John Hanley, who indicated that he was a partner with Robert Brannon of PA Testing. Judy Joustra of RI inspected the facility recently, told him he had outstanding debts with the NRC, recommended that he contact FEES.

I quoted the current invoice amount (\$1,799.39), he stated that he wanted to get the matter resolved and expressed willingness to pay all outstanding debts in full. He has a NRC-526 and may apply under small entity.

There are internal problems, he and his partner are in the process of dissolving the company. He indicated that after he has paid the fees, he would like to change the name of the company on the license. I apprised him of the fact that this License 37-28356-01 can not be unsuspended, that he must submit a new application and pay the new application fee (\$550).

There are two gauges, each of them have one. He inquired once he has paid the outstanding debts, who will terminate the suspended license? Since he is paying the annual fee bill, then he will apply for a new license. In the interim since there is one license and each have one of the gauges, which one of them is in violation? I suggested he contact Judy Joustra.

March 10, 1997

Per Glenda - Sandy has a note regarding the new address, this won't need checking again, also, THE ORDER WILL GO OUT THIS WEEK.

ACTION: R TABLEID: ARHT USERID: AV13
*** RECEIVABLE HEADER INQUIRY TABLE
KEY IS TRANS CODE, DOC NUM

TRANS CODE: LD DOC NUM: AM3055-96 DOC TYPE:
DOCUMENT DATE: 06 11 96 COMMENTS: 37-28356-01
PAYER CODE/NAME: 372835601 L / PENNSYLVANIA TESTING LABS.
ADDRESS: P. O. BOX 571

MAR 12 1997

CITY: PITTSBURGH STATE: PA ZIP: 15201 -
COLL DUE DATE: 07 12 96 LAST BILL DATE/AMT: 06 11 96 / 1,600.00
PRINT BILL: P BILL PRINT DATE: 06 11 96 BILLED AMT: 1,600.00
INT RATE: 5.000 INT APPLY DATE: 02 18 97 INTEREST AMT: 55.12
TEXT TYPE: ADM CHGS APPLY DATE: 02 18 97 ADM CHGS AMT: 80.00
WAIVER FLAG: PEN APPLY DATE: 02 12 97 PENALTY AMT: 64.27
DUNNING COUNT: 03 LAST DUN DATE: 09 12 96 TOTAL AMT: 1,799.39
OVERDUE STATUS: OVERDUE DATE: COLLECTED AMT: 0.00
OUTSTANDING BALANCE: 1,799.39
WRITE-OFF FLAG: P WRITE-OFF DATE: AGREEMENT NUM:
WRITE-OFF REASON: WRITE-OFF AMT: 0.00 CASE HISTORY FLAG: Y
DOC CLOSING DATE: CLOSED DOCUMENT AMT: 0.00
OVERPAYMENT CAUSE: REPRINT BILL AMT: 0.00

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 20555-0001PENNSYLVANIA TESTING LABORATORIES
ATTN: ROBERT F. BRANNON
330 FRANKLIN STREET
WEST PITTSBURGH, PA 15106

TYPE OF ACTION

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

REQUESTED DATE

9-26-96

LICENSE NUMBER

27-28356-01

CONTROL NUMBER

123730

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
3P	\$	\$	\$ 300.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(s) DUE	\$	300.00
PAYMENT RECEIVED	\$	0.00
AMOUNT DUE	\$	300.00

☒ 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

LFDCB

LFDCB

BRENDA BROWN (301) 415-6055

BB BB

10/2/96

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:

Region I

Pending

BBrown

LFARB R/F

OC/DAF R/F

OC/DAF S/F (LF-3.2.7)

DATE

10-2-96

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

PROGRAM CODE: 03121

STATUS CODE: 0

FEE CATEGORY: 3P

EXP. DATE: 20040730

FEE COMMENTS:

DECOM FIN ASSUR REQD: N

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
APPLICANT/LICENSEE: PENNSYLVANIA TESTING LABORATORIES
RECEIVED DATE: 960926
DOCKET NO: 3031040
CONTROL NO.: 123730
LICENSE NO.: 37-28356-01
ACTION TYPE: AMENDMENT

2. FEE ATTACHED
AMOUNT: -----
CHECK NO.: -----

3. COMMENTS

SIGNED M. A. Perkins
DATE 9/26/96

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

1. FEE CATEGORY AND AMOUNT: 3P

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

3. OTHER -----

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

Log	<u>Sept 2</u>
Remitter	
Check No.	
Amount	
Fee Category	<u>3P</u>
Type of Fee	<u>AMP</u>
Date Check Rec'd	
Date Completed	<u>5/2/97</u>
By	<u>BB</u>

07 for 5/2/97

5/2/97
Per Mike
Perkins, to
be voided.
Return OAC
to RLT. BB

1996 OCT-1 W 7:40