



RIVERSIDE  
REGIONAL MEDICAL CENTER

February 19, 1995

U.S. Nuclear Regulatory Commission Region II  
Material Radiation Protection Section  
101 Marietta Street, N.W., Suite 2900  
Atlanta, Georgia, 30323

RE: Renewal of NRC License No. 45-09001-03 issued to Riverside ~~Walter Reed Hospital~~  
Control Number 256261

Gentlemen:

I am responding to a license fee notice, copy attached, that we receive from Ms. Rita Messier, Office of the Controller. As I explained to her, we submitted a check to pay for fee categories 7A and 2B for a teletherapy unit and depleted uranium used as shielding. **The unit is a standard AECL Model 780 teletherapy unit used to treat humans; it is not a self-shielded unit used for irradiation of materials.** The assignment of a 5E category is erroneous and should be removed. Ms. Messier agreed to notify your Section of the correction. I am sending this letter to follow-up the process so that the renewal can proceed. Thank you very much for your attention to this matter.

Yours very truly,

*Leland R. Kirkland*  
Leland R. Kirkland, Ph.D., D.A.B.R.  
Radiation Safety Officer

*Feb. 19, 1995*  
(date)

cc Mr. William Downey, Senior Vice-President  
Teletherapy License File

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 20555-0001  
ATTN: RITA MESSIER

TYPE OF ACTION

NEW LICENSE

RENEWAL OF LICENSE

AMENDMENT TO LICENSE

REQUESTED DATE

12/15/94

LICENSE NUMBER

45-09001-03

CONTROL NUMBER

256261

Riverside Regional Medical Center  
Attn: Robert R. Kirkilerned  
Dept. of Radiation Safety Officer  
500 S. Clyde Morris Boulevard  
Newport News, VA 23601-1976

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
7A	\$	\$ 1200	\$
3E	\$	\$ 760	\$
3B	\$	\$ 160	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(S) DUE \$ 2,120  
PAYMENT RECEIVED \$ 1,360  
AMOUNT DUE \$ 760

Your request was received without the prescribed application fee.

We received your Check No. 09613 in the amount of \$ 1,360. 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

DATE

1/11/95

II. FEE NOT REQUIRED

Enclosed is Check No. \_\_\_\_\_ which accomplished 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.