



DL-022796-06

Allegheny Power

800 Cabin Hill Drive
Greensburg, PA 15601-1688
(412) 838-6728 FAX: (412) 830-5858

February 27, 1996

WILLIAM E. COSTELNOCK
Director, Generation Business Unit

U. S. Nuclear Regulatory Commission
Region II
Nuclear Materials Safety Section
101 Marietta Street NW, Suite 2900
Atlanta, GA 30323-0199

Gentlemen:

PLEASANTS POWER STATION
NRC LICENSE NO. 47-17973-01

Allegheny Power Service Corporation, as agent for Monongahela Power Company, hereby notifies the Nuclear Regulatory Commission that Mr. Homer A. Ruckle and Mr. John T. Walizer should be removed from NRC License No. 47-17973-01 for Pleasants Power Station. Both individuals are no longer employed at Pleasants Power Station.

If you have any questions regarding this notification, please contact Mr. Charles L. Simons at our Cabin Hill office, telephone (412) 838-6397.

Very truly yours,


W. E. Costelnock

CLS:lak

7/18/96

TELECOPIER TRANSMITTAL

WARNING: Most facsimile machines produce copies on thermal paper. The image produced is highly unstable and will deteriorate significantly in a few years. Reproduce copies onto plain paper prior to filing as a record.

TO

NAME

William Dickel

TELEPHONE

NAME AND LOCATION OF COMPANY (if other than NRC)

TELECOPY NUMBER

VERIFICATION NUMBER

FROM

NAME

TELEPHONE

MAIL STOP

TELECOPY DATA

NUMBER OF PAGES

PRIORITY

TELEPHONE

PAGES

2

TOTAL

IMMEDIATE

OTHER
(Specify)

SPECIAL INSTRUCTIONS

*I spoke with Lynn Ann Higgins
today who told me that
the information requested for the
B-200 is not appropriate.
etc. Messie*

PROBLEMS

DISPOSITION OF ORIGINAL

1. Any other problems? (If yes, specify on page 2)

After telecopy has been sent, process the original as requested below (if none are checked, the original will be discarded)

RETURN TO SENDER

CALL AND SENDER WILL PICK UP

DISCARD

PROCESSED BY (INITIALS)

VERIFIED BY (INITIALS)

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 20545-8001

ALLEGHENY POWER SYSTEM SERVICE
ATTN: D. L. WEBB
RADIATION SAFETY OFFICER
P. O. BOX 600
HAYWOOD, WV 26366

TYPE OF ACTION

- NEW LICENSE
 RENEWAL OF LICENSE
 AMENDMENT TO LICENSE

REQUIRED DATE

8-12-96

LICENSE NUMBER

47-25244-01

CONTROL NUMBER

257163 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
3P	\$	\$	\$ 300.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

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

RITA MESSIER

LFDCB

REMessier

9/3/96

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

LFARB R/F (2)

OC/DAF RF

OC/DAF/RE(LF-3.2.7)

Region II

DATE

9-3-96

AIN: NTA

VOID SHEET

TO: License Fee Management Branch

FROM: *PTT*

SUBJECT: VOIDED APPLICATION

Control Number: *257163*

Applicant: *Allegheny Power*

Date Voided: *9/19/96*

Reason for Void: _____

Wrong license

Quinn Lewis *9/19/96*
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: _____

Log completed
Processed by: *Lem*