

DL-041898-01

<b>CONVERSATION RECORD</b>		TIME 1300	DATE APR 16 1998
TYPE: <input type="checkbox"/> VISIT <input type="checkbox"/> CONFERENCE <input checked="" type="checkbox"/> TELEPHONE		<input type="checkbox"/> INCOMING	{ } NEW
Location of Visit/Conference: X 501		<input checked="" type="checkbox"/> OUTGOING	{ } RENEW
NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU Sr. Teodoro Muñoz	ORGANIZATION (ORIG. COMM. INFIRM.) HATO REY COMM. HOSP	TELEPHONE NO. 754-0909	{ } AMEND 774
SUBJECT Deficiency Telephone Conversation	CONTROL	257 <del>774</del>	
		DOCKET	30-13199

SUMMARY LICENSE NUMBER 52-17704-01

- ① MARCH 2 letter says transfer to Pavia Healthcare is in the pipeline (probably within 90 days)
- ② Closing is scheduled for 5/15, expect Pavia to take over 6/1/1998
- ③ Asked him to put together answers per IN 89-25 Rev 1 on new owners and current owners with signatures.
- ④ He stated that Pavia has not told him whether Hato Rey will continue with its own license OR become a satellite facility on Pavia Hospital's license.

ACTION REQUIRED	SEE OVER <u>Y</u> N	DUE DATE
HOLD FOR letter/question answers		5/16/98
NAME OF PERSON DOCUMENTING CONVERSATION David J. Collins	SIGNATURE <i>David J. Collins</i>	DATE APR 16 1998

ACTION TAKEN	Issue amendment; administrator contacted	
SIGNATURE <i>David J. Collins</i>	TITLE Health Physicist	DATE 4/17/1998

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

HATO REY COMMUNITY HOSPITAL  
ATTN: TEODORO MUNIZ, MHSA  
EXECUTIVE DIRECTOR  
CALL BOX 828  
HATO REY, PR 00919-0828

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**TYPE OF ACTION**

NEW LICENSE

RENEWAL OF LICENSE

AMENDMENT TO LICENSE

**REQUESTED DATE**  
12-29-97

**LICENSE NUMBER**  
52-17704-01

**CONTROL NUMBER**  
25774 ATTN: RITA MESSIER, LFARB, T0E10

**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	\$	\$	\$ 460.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

**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 \_\_\_\_\_.

FEE(S) DUE	\$	460.00
PAYMENT RECEIVED	\$	
AMOUNT DUE	\$	460.00

**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.

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 licensee 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).

**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.

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  
1/16/98

LFDCB  
*[Signature]*

Distribution: OC/DAF RF  
Pending Fee File OC/DAF/SELF-3.2.7  
LFARB R/F (2) Region *[Initials]*

DATE  
1-16-98

is to acknowledge the receipt of your letter/application dated

2/29/97 and to inform you that the initial processing which includes an administrative review has been performed.

There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 157774. When calling to inquire about this action, please refer to this control number. You may call me at 404-562-4723.

Sincerely,

Licensing Assistant

FORM 888 (1/85)

(FOR LMS USE)  
INFORMATION FROM LMS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02120  
Status Code: 0  
Fee Category: 70  
Exp. Date: 20040131  
Fee Comments: CODE 33  
Decom Fin Assur Reqd: N

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LICENSE FEE TRANSMITTAL

A. REGION II

1. APPLICATION ATTACHED

Applicant/Licensee: NATO REY COMMUNITY HOSPITAL  
Received Date: 980105  
Docket No.: 3013199  
Control No.: 257774  
License No.: 52-17704-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: NONE  
Check No.: \_\_\_\_\_

3. COMMENTS

Signed DIANE HEIM  
Date 1/12/98

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered X)

1. Fee Category and Amount: 70 \$460

2. Correct Fee Paid. Application may be processed for:

Amendment   
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER \_\_\_\_\_

Signed [Signature]  
Date 2/3/98

Log	<u>00014</u>
Remitter	
Check No.	<u>735E</u>
Amount	<u>\$460</u>
Fee Category	<u>70</u>
Type of Fee	<u>AMEND</u>
Date Collected	
Date Completed	<u>2/5/98</u>
By	<u>[Signature]</u>