NRC FORM 218
(4-76)
NRCM 0240

U.S. NUCLEAR REGULATORY COMMISSION

DL-052996_04

TELEPHONE OR VERBAL CONVERSATION RECORD

DATE: 5/29/96

TIME: ~ 10:15 ☒ A.M. ☐ P.M.

☐ INCOMING CALL ☒ OUTGOING CALL ☐ VISIT

PERSON CALLING	OFFICE/ADDRESS	PHONE NUMBER	EXTENSION
WADE T. LOU	USNRC RII ATLANTA, GA	404-331-3932	

PERSON CALLED	OFFICE/ADDRESS	PHONE NUMBER	EXTENSION
GREG DALTON, DIR. OF RADIOGRAPHY	WISE APPALACHIAN REGIONAL HOSPITAL WISE, VA	540-376-5295	

CONVERSATION

SUBJECT: LIC AMENDMENT REQUEST - LTR 5/20/96

SUMMARY

- SPOKE WITH MR DALTON & INFORMED HIM I NEEDED ADDITIONAL INFORMATION:

(1) NEED DETAILS OF PHYSICIST'S EVALUATION OF NEW LOCATION (P.S. [illegible])

(2) COMMITMENT TO D. CLOSEOUT SURVEY OF OLD AREA & MAINTAIN RECORDS FOR REVIEW

- WILL FAX LTR TODAY OR TOMORROW AM

(NRC)

☐ ADVISE ME OF ACTION TAKEN.

ACTION REQUESTED

INITIALS

DATE

ACTION TAKEN

INITIALS

DATE

NRC FORM 218 (4-76)

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02121
Status Code: 0
Fee Category: 7C
Exp. Date: 20010430
Fee Comments: _____
Decom Fin Assur Reqd: N

[illegible] 30 PM 3:27

LICENSE FEE TRANSMITTAL

A. REGION II

1. APPLICATION ATTACHED
   Applicant/Licensee: WISE APPALACHIAN REGIONAL HOSPITAL
   Received Date: 960523
   Docket No: 3028616
   Control No.: 257073
   License No.: 45-23524-01
   Action Type: Amendment

2. FEE ATTACHED
   Amount: 430.00
   Check No.: 661768

3. COMMENTS

   Signed [illegible]
   Date 5/24/96

PRIORITY

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

1. Fee Category and Amount: 7C $430

2. Correct Fee Paid. Application may be processed for:
   Amendment ✓
   Renewal
   License

3. OTHER

   Signed [illegible]
   Date 5/31/96

Log May 3 II
Remitter
Check No. 661761
Amount $430
Fee Category 7C
Type of Fee Amd
Date Check Rec'd.
Date Completed 5/31/96
By: [illegible]