

## ACCEPTANCE REVIEW MEMO

Licensee: Prairie Lakes Health Care Systems Inc

License No.: 40-16775-01

Docket No.: 030-11624

Mail Control No.: 470685

Type of Action: Notify Date of Requested Action: 07-28-05

Reviewer Assigned: Roberto Date Assigned to Reviewer: 09-15-05

Reviewer(s) Who  
Performed Review: Torres

Response Received	Deficiencies Noted During Acceptance Review
	1. Determine whether mailing address change only or physical location change.
	2. Called Director of Radiology and left voicemail message
	3. on 9/15/05
	4. Mr. Beaudry called on 9/15/05 12:35pm to inform that it is

Reviewer's Initials: RJR

Date: 9-15-05

Branch Chief's and/or SR. HP's Initials: RJC

Date: 9-15-05

- ☐ Yes ☐ No Action - decommissioning notification should be issued within 30 days.
- ☐ Yes ☐ No Termination request < 90 days from date of expiration
- ☐ Yes ☐ No Action to be expedited
- \_\_\_\_\_ Medical emergency
- \_\_\_\_\_ Licensee in noncompliance (i.e. no RSO, location of use/storage not on license, radioactive material in possession not on license)
- \_\_\_\_\_ National Security
- \_\_\_\_\_ Other (\_\_\_\_\_)

Branch Chief's and/or Sr. HP's Initials: \_\_\_\_\_

Date: \_\_\_\_\_

### SISP Review

☐ Yes ☒ No

**Non-Publicly Available, Sensitive** if any item below is checked

- \_\_\_\_\_ Radionuclides, forms, and quantities
- \_\_\_\_\_ Location of RAM
- \_\_\_\_\_ Building drawings with locations of RAM
- \_\_\_\_\_ Security of RAM (locks, alarms, etc.)
- \_\_\_\_\_ SS&D Catalog information
- \_\_\_\_\_ Specifics of Emergency Plan (routes to and from RAM, response to security events, etc.)
- \_\_\_\_\_ Safeguards Information

Branch Chief's and/or Sr. HP's Initials: RJC

Date: 9/15/05



**PRAIRIE LAKES**  
Healthcare System

www.prairielakes.com

**SOLUCIENT**  
TOP HOSPITALS

July 28, 2005

US Nuclear Regulatory Commission  
Jackie Cook - Licensing  
Region IV  
611 Ryan Plaza Drive, Suite 400  
Arlington, TX 76011

Dear Ms. Cook:

This letter is notification that the current address of Prairie Lakes Health Care Center in Watertown, South Dakota has been changed from:

**Prairie Lakes Health Care Center  
400 10<sup>th</sup> Avenue Northwest  
Watertown, SD 57201-1599**

To:

**Prairie Lakes Health Care Center  
P.O. Box 1210  
401 9<sup>th</sup> Avenue Northwest  
Watertown, SD 57201-6210**

Your attention to this matter is appreciated. If you have any questions, please contact me at 605 882 7000.

Sincerely,

*Tom Beaudry*  
Tom Beaudry  
Director of Radiology

470685

**Hospital**

401 9th Avenue Northwest  
Watertown, SD 57201  
Tel: 605.882.7000  
Fax: 605.882.7607

**Cancer Center**

401 9th Avenue Northwest  
Watertown, SD 57201  
Tel: 605.882.6800  
Fax: 605.882.6835

**Care Center**

415 4th Avenue Northeast  
Watertown, SD 57201  
Tel: 605.886.8431  
Fax: 605.882.6777

**Mallard Pointe Surgical Center**

1201 Mickelson Drive  
Watertown, SD 57201  
Tel: 605.882.4743  
Fax: 605.882.6064

**Foundation**

401 9th Avenue Northwest  
Watertown, SD 57201  
Tel: 605.882.7631  
Fax: 605.882.7720

SEP 16 2005

DATE

This is to acknowledge the receipt of your letter/application dated 07-28-05, and to inform you that the initial processing, which includes an administrative review, has been performed.

☒ There were no administrative omissions. Your application will be 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:

The action you requested is normally processed within — days.

☐ 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 470685.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at 817-860-8103.

Sincerely,

*Erica Murnahan*  
Licensing Assistant

(FOR LEMS USE)  
INFORMATION FROM LTS

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Program Code: 02120
Status Code: 0
Fee Category: 7C
Exp. Date: 20130630
Fee Comments: CODE 23
Decom Flt Assur Req'd: N

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### A. REGION

2. FEE ATTACHED  
Amount: \_\_\_\_\_  
Check No.: \_\_\_\_\_

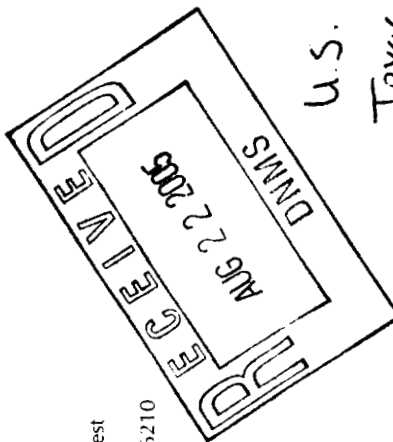
Signed \_\_\_\_\_  
Date 9/15/05

- Signed \_\_\_\_\_  
Date \_\_\_\_\_



**PRAIRIE LAKES**  
Healthcare System

401 9th Avenue Northwest  
PO Box 1210  
Watertown, SD 57201-6210



RECEIVED  
AUG 16 2005

REGISTERED SD 08-12-05



U.S. NRC Region IV  
Texas Health Resources Tower  
611 Ryan Plaza, Suite 400  
Arlington, Tx 76011-4005  
Attn: Jackie Cook - Licensing  
FITMENS 76011

