ACCEPTANCE REVIEW MEMO

Licensee: West Valley Medical Center Inc.

License No.: 11-27087-01 **Docket No.:** 030-32242

Mail Control No.: 470859

Type of Action: Notify **Date of Requested Action:** 01-25-06

Reviewer Assigned: **Date Assigned to Reviewer:** 01-26-06

Reviewer(s) Who Performed Review: Gaines

Response Received	Deficiencies Noted During Acceptance Review
	1. NOTE TO REVIEWER: No amendment to license required. Just send thank you letter.
	2.
	3.
	4.

Reviewer's Initials: _____ **Date:** _____

Branch Chief's and/or SR. HP's Initials: _____ **Date:** _____

☐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 <u>any</u> 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: ADU **Date:** 2/16/06

AD4

WEST VALLEY MEDICAL CENTER
1717 Arlington Avenue • Caldwell, ID 83605
Phone: (208) 459-4641

FEB 0 6 2006

January 25, 2006

Nuclear Regulatory Commission
611 Ryan Plaza Drive
Suite 400
Arlington, Texas 76011-8064

Attention: Nuclear Materials Licensing Section

Dear Sir or Madam:

This memo is to inform you of a change in our CEO at West Valley Medical Center. Mark Adams was our CEO and he had signed our material license request, license amendment request and our Delegation of Authority for the RSO. Our new CEO, as of January 16th, 2006 is Kathy Moore. She will now be the administrative contact here at West Valley Medical Center.

If there are any questions, please call Teri Steele, RSO at 208-455-3926.

Thank You

Teri J. Steele, B.S., CNMT, RT (N)
Radiation Safety Officer
West Valley Medical Center
1717 Arlington Ave
Caldwell, ID 83605

02/17/06
DATE

This is to acknowledge the receipt of your letter/application dated 11-25-06, 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** 470859.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Carleen Mermelstein

NRC FORM 532 (RIV)
(9-2003)

Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02120
Status Code: 0
Fee Category: 7C
Exp. Date: 20120531
Fee Comments: _____
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: WEST VALLEY MEDICAL CENTER, INC.
   Received Date: 20060208
   Docket No: 3032242
   Control No.: 470859
   License No.: 11-27087-01
   Action Type: Amendment

2. FEE ATTACHED
   Amount: /
   Check No.: /

3. COMMENTS

Signed Colleen Murnahan
Date 2/13/06

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

1. Fee Category and Amount: _____

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

3. OTHER _____
   _____

Signed _____
Date _____

Teri Steele, RSO

WEST VALLEY MEDICAL CENTER
1717 Arlington Avenue • Caldwell, ID 83605

CERTIFIED MAIL™

7004 1350 0005 0674 6239

U.S. POSTAGE PAID CALDWELL, ID 83605 JAN 31 06 AMOUNT $0.00 00044928-10

UNITED STATES POSTAL SERVICE 76011 9261

'15 NRC Region IV
Nuc. Materials Licensing Division
Attn: Colleen Murnahan
611 Ryan Plaza Dr.
Suite 400
Arlington, TX 76011-8064

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