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WHS/Z.83118

Pam Henderson
Medical Branch
Nuclear Regulatory Commission
Division of Nuclear Materials Safety, Region 1
King of Prussia, Pennsylvania 19406

July 3, 2007

NMSBL

2007 JUL -9 PM 1:16
RECEIVED
REGION 1

03020156

Re: Change of Ownership: Norton HMA, Inc. d/b/a Mountain
View Regional Hospital; Materials License No. 45-23001-01

Dear Henderson:

The purpose of this letter is to amend Materials License No. 45-23001-01 due to a change of ownership. Wellmont Health System, a Tennessee nonprofit hospital system headquartered in Kingsport, Tennessee, has entered into an Asset Purchase Agreement whereby it will acquire substantially all of the assets of Norton HMA, Inc. d/b/a Mountain View Regional Hospital in Norton, Virginia. Mountain View Regional Hospital presently holds Materials License No. 45-23001-01. The acquisition of Mountain View Regional Hospital is anticipated to be effective as of 12:01 ^{mid} a.m. on August 1, 2007. This transaction will result in Wellmont Health System succeeding to the ownership of all of the assets and facilities of Mountain View Regional Hospital. Accordingly, this transaction will represent a change of ownership for purposes of the above-referenced license previously issued to Mountain View Regional Hospital.

For purposes of obtaining NRC's prior written consent pursuant to Nu Reg. - 1556, Volume 15, Appendix F, we submit the following information:

1. The transaction will be an asset purchase. A name change is not contemplated at this time, though one may occur in the future. Wellmont Health System will take the necessary steps to notify NRC

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NMSS/RGN1 MATERIALS-002

if a name change occurs. Please contact Jeremy Drinkwitz at (276) 679-9107 if more information is needed.

2. At present, there will not be any changes in personnel or duties that relate to the licensed program.

3. At present, there will not be any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.

4. The change of ownership will not result in an interruption of the licensed program or the established administrative procedures for security. Mountain View Regional Hospital has and Wellmont Health System will continue to conduct the licensed program in accordance with the statements, representations and procedures contained in the documents submitted to renew the above-referenced license.

5. All records concerning the safety of the facility will be transferred to Wellmont Health System or NRC as appropriate.

6. Wellmont Health System agrees to abide by all constraints, conditions, requirements and commitments of Mountain View Regional Hospital.

Please send our office any additional application forms, notices or other correspondence or filings which your office requires in connection with this change of ownership.

Very truly yours,

HUNTER, SMITH & DAVIS, LLP

A handwritten signature in black ink, appearing to read "Bill Argabrite", written in a cursive style.

William C. Argabrite

This is to acknowledge the receipt of your letter/application dated

7/3/2007, and to inform you that the initial processing which includes an administrative review has been performed.

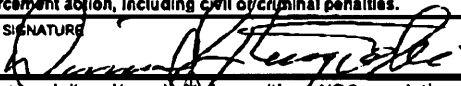
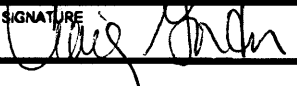
☒ AMEND. 45-23001-01
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ 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** 140790.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

Sincerely,
Licensing Assistance Team Leader

NRC FORM 241 (8-2005)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0013		EXPIRES: 08/31/2008	
REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS <i>(Please read the instructions before completing this form)</i>							
1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) HAYES TESTING LABORATORY, INC.				2. TYPE OF REPORT <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> CHANGE			
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 2521 HOLLOWAY ROAD LOUISVILLE, KY 40299-61-04				4. LICENSEE CONTACT AND TITLE DANIEL J. HAYES, SR., PRESIDENT & RSO			
				5. TELEPHONE NUMBER (Include Area Code) (502) 266-9729		6. FACSIMILE NUMBER (Include Area Code) (502) 266-7577	
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20 <input type="checkbox"/> WELL LOGGING <input type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> THERAPY/IRRADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input type="checkbox"/> OTHER (Specify) _____ <input checked="" type="checkbox"/> RADIOGRAPHY REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) USA/9283/B(u)-85 OR USA/9296B(u)-85							
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE JEFFBOAT, INC. 1030 E. MARKET ST. JEFFERSONVILLE, IN 47130				9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) SAME			
				10. CLIENT TELEPHONE NUMBER (Include Area Code) (812) 288-0200		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) (812) 288-0200	
12. DATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD		15. DELETE	
FROM 7-9, 7-11 &		TO 7-13-07		3		X	
						16. LOCATION REFERENCE NUMBER 000079	
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.							
17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.) IR-192 MAXIMUM CURIES 100 DEVICE USED WILL BE AMERSHAM 860B OR 880							
18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 8. ABOVE. (One copy of the specific license must accompany the initial NRC Form 241.)				LICENSE NUMBER 201-168-05		STATE KY	
				EXPIRATION DATE 7-31-2007			
19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)							
I, THE UNDERSIGNED, HEREBY CERTIFY THAT:							
a. All information in this report is true and complete.							
b. I have read and understand the provision of the general license 10 CFR 150.20 reprinted on the instructions of this form; and I understand that I am required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use in non-Agreement States or offshore waters under the general license for which this report is filed with the U.S. Nuclear Regulatory Commission.							
c. I understand that activities, including storage, conducted in non-Agreement States under general license 10 CFR 150.20 are limited to a total of 180 days in calendar year. With the exception of work conducted in off-shore waters, which is authorized for an unlimited period of time in the calendar year.							
d. I understand that I may be inspected by NRC at the above listed work site locations and at the Licensee home office address for activities performed in non-Agreement States or offshore waters.							
e. I understand that conduct of any activities not described above, including conduct of activities on dates or locations different from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.							
CERTIFYING OFFICER - RSO or Management Representative (Name and Title) DANIEL J. HAYES, SR., PRESIDENT & RSO				SIGNATURE 		DATE 7-6-2007	
WARNING: False statements in this certificate may be subject to civil and/or criminal penalties. NRC regulations require that submissions to the NRC be complete and accurate in all material respects. 18 U.S.C. Section 1001 makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.							
FOR NRC USE ONLY		REVIEWING OFFICIAL (Typed/Printed Name and Title) Craig Gordon, Sr. HP		SIGNATURE 		DATE 7/6/07	
						TOTAL USAGE - DAYS TO DATE 85	

25 7/6/07