

Sara A.B. Forster  
MATERIALS LICENSING BRANCH

TELECON & FAX TRANSMITTAL



TO: Diane Knight

COMPANY: Three Rivers Health

NUCLEAR REGULATORY COMMISSION  
REGION III  
2443 WARRENVILLE ROAD  
LISLE, ILLINOIS 60532-4351

# PAGES: 3 TEL.: N/A

FAX #: (269) 273-9622

(630) 829-9892 FAX: (630) 515-1078

EMAIL: N/A

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**CONVERSATION RECORD**

	TIME	DATE
	11:30 am	March 21 & 22, 2012
	7:15 am	June 12, 2012

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NAME OF PERSON(S) CONTACTED	TELEPHONE NO.	ORGANIZATION
Lynn, Nuclear Med./Imaging	(269) 278-1145	Three Rivers Health
Diane Knight	(269) 273-9694	

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REPRESENTED PERSON or PERSONS	ORGANIZATION
John Larsen, B.S., Radiation Safety Officer	Three Rivers Health
William Russell, CEO	

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SUBJECT
License No.: 21-26599-01
Control No.: 577165

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**SUMMARY**

We have reviewed your license amendment request and find that we are unable to continue this action until we have received information regarding the following:

Your request dated March 12, 2012, indicates that the licensee will transfer its assets to Three Rivers Health Systems, Inc. Additional information regarding a transfer of control is required, as outlined in NUREG 1556, Volume 9, Revision 2, Appendix G, attached. The response must be signed by management officials from both the transferee and the transferor, in order for us to review and approve the transfer. Please submit Information Needed for a Transfer of Control, as outlined in the attached sheet.

**As we discussed via telephone on June 12, 2012, please submit as much information regarding the transfer of control, including the anticipated date of transfer and management signatures, as is known at this time. In lieu of submitting all of the "Information Needed for Transfer of Control" at this time, you may submit a commitment to provide all required information within thirty days of the completed transaction.**

We have requested that you submit the referenced items:

- Information needed for a Transfer of Control;
- commitment to provide information as described above

– via facsimile, to (630) 515-1078. Please reference the Control No. 577165, as listed at the top of this memo. We expected to hear from you on or before June 14, 2012.

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For future reference, please always include the name, phone number and fax number of at least one person whom we may contact for additional information when reviewing your licensing correspondence and requests.

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Please submit the requested information within 2 days of this record. **Include reference control number 577165, Please FAX your response to my attention at (630) 515-1078.** You may also scan your response and send to me via email, as a pdf file.

Please direct any questions you have to me at **(630) 829-9892** or **sara.forster@nrc.gov**

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NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Sara A.B. Forster

*Sara A.B. Forster* 06/12/2012

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## Information Needed for Transfer of Control

The following information is taken from NUREG-1556, Volume 15, "Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Changes of Control and About Bankruptcy Involving Byproduct, Source, or Special Nuclear Material Licenses."

### Definitions

**Control:** Control of a license is in the hands of the person or persons who are empowered to decide when and how that license will be used. That control is to be found in the person or persons who, because of ownership or authority explicitly delegated by the owners, possess the power to determine corporate policy and thus the direction of the activities under the license.

**Transferee:** A transferee is an entity that proposes to purchase or otherwise gain control of an NRC-licensed operation.

**Transferor:** A transferor is an NRC licensee selling or otherwise giving up control of a licensed operation.

\* Licensees must provide full information and obtain NRC's prior written consent before transferring control of the license. Provide the following information concerning changes of control by the applicant (transferor and/or transferee, as appropriate). If any items are not applicable, so state.

1. Provide a complete description of the transaction (transfer of stocks or assets, or merger). Indicate whether the name has changed and include the new name. Include the name and telephone number of a licensee contact whom NRC may contact if more information is needed.
2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel.
3. Describe any changes in the organization, location, facilities, equipment, or procedures that relate to the licensed program.
4. Describe the status of the surveillance program (surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.
5. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.
6. Confirm that the transferee will abide by all constraints, conditions, requirements, and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.

\* Submit Responses to these 6 items & include signatures  
for both transferor and transferee.

## TRANSMISSION VERIFICATION REPORT

TIME : 06/12/2012 07:58  
 NAME : USNRC RIII  
 FAX : 6308299782  
 TEL :  
 SER.# : 000A7J925774

DATE, TIME  
 FAX NO./NAME  
 DURATION  
 PAGE(S)  
 RESULT  
 MODE

06/12 07:58  
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 OK  
 STANDARD  
 ECM

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