

Nuclear Material Lic. Branch  
U.S. NRC  
1600 E Lamar Blvd  
Arlington, Tx 76011-4511

6/30/2014

RECEIVED  
JUL 08 2014

SUBJECT: Facility Name Change and License Renewal

DNMS

Please note that our facility has undergone a recent name change. We are no longer, Bonner General Hospital. We are currently, Bonner General Health.

License number 11-27785-01

PUBLIC

- ☐ Immediate Release  
☒ Normal Release

NON-PUBLIC

- ☐ A.3 Sensitive-Security Related  
☐ A.7 Sensitive Internal  
☐ Other: \_\_\_\_\_

Reviewer: QAC Date: 8/22/14

15 44 58

ML14239A526

Information Required for Change of Control and/or Change of Ownership  
(including a name change)  
Source: NUREG-1556, Volume 15

Please provide the following information concerning changes of control (transferor and/or transferee, as appropriate). If any items are not applicable, so state.

1. Provide a complete description of the transaction (i.e., 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 who NRC may contact if more information is needed.

A. Description of the transaction:

B. ☐ No name change

☒ New name of licensed organization:

Bonner General Health

C. ☐ No change in contact

☐ New contact: \_\_\_\_\_

☐ New telephone number: \_\_\_\_\_

2. Describe any changes in personnel or duties that relate to the licensed program. Include Training and Experience for new personnel.

A. ☒ No changes in personnel having control over licensed activities.

☐ Changes in personnel having control over licensed activities (e.g. officers of a corporation):

B. ☐ No changes in personnel named in the license

☐ Changes in personnel named in the license (e.g. RSO, Aus) - include training, experience and responsibilities:

3. Describe, in detail, any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.

☐ Organization:

☐ Location:

☐ Facility:

☒ Equipment:

☐ Procedures:

☐ Not applicable

New Gamma  
Camera to  
be installed  
Sept. 2014

4. Describe the status of the surveillance program (i.e., surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.

A. Description of the status of all surveillance program:

- B. Surveillance Items # Records: calibrations, leak tests, surveys, inventories, and accountability requirements will be current at the time of transfer

☒ Yes

☐ No (explain)

5. Confirm that all records concerning the safety 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 sensitivity.

Records transferred to:

☐ New licensee

☐ NRC for license termination

☒ Not applicable

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.

\_\_\_\_\_ will abide by all constraints,  
(transferee company)  
conditions, requirements and commitments of \_\_\_\_\_  
(transferor company)

Signature/Title  
Transferee Official

Signature/Title  
Transferor Official

Date

Date

OR

- ☐ Description of proposed licensed program from transferee attached (with signature)

OR

- ☒ Not applicable (name change only)

Michael L. Horn

Certifying Officer - Signature

Michael L. Horn Director DE

Certifying Official - Typed name and title

7-24-14

Date

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02121  
Status Code: Pending Amendment  
Fee Category: 7C  
Exp. Date:  
Fee Comments:  
Decom Fin Assur Reqd: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: BONNER GENERAL HOSPITAL  
Received Date: 07/08/2014  
Docket Number: 3036658  
Mail Control Number: 584415  
License Number: 11-27785-01  
Action Type: Amendment

#### 2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: \_\_\_\_\_

#### 3. COMMENTS

Signed: \_\_\_\_\_

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

*Carl L. Hiee*  
*7/24/14*

### 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: \_\_\_\_\_