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APR 10 2015

DNMS

Sanford Nuclear Medicine Clinic
1205 S. Grange Ave., Ste 402
Sioux Falls, SD 57105
Phone: (605) 328-8974
Fax: (605) 328-8972

May 2, 2014

Via email: jackie.cook@nrc.gov
Carol.Hill@nrc.gov
Colleen.Murnahan@nrc.gov
RidsRgn4MailCenter.Resource@nrc.gov

U.S. Nuclear Regulatory Commission Region IV
Nuclear Materials Safety Branch B
Attn: Jacqueline D. Cook
1600 E. Lamar Blvd., Suite #400
Arlington, TX 76011-4511

Dear Ms. Cook:

We would like to request an amendment to our NRC Materials License #40-26865-01 (Docket # 030-29708) to remove the storage authorization for a sealed source that was originally for 10CFR35.500 uses. This Gadolinium-153 source is listed in Items 6-9 line D in our license. This source was enrolled in the SCATR program managed by the CRCPD (Conference of Radiation Control Program Directors) and was transferred from our facility on April 30, 2014 for disposal under that program. We will maintain for inspection the disposal records from Bionomics, the waste broker contracted by the SCATR program.

If there are any questions, do not hesitate to contact myself or Kay Schoppers, CNMT, at 605-328-8974. Thank you for your attention to this amendment request.

Sincerely,


Darin Berg
Director of Operations,
Management Representative of Radiation Safety Committee

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

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

Reviewer: RITZ Date: 4-27-15

No 586626



DATE

04/22/2015

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Fred C. Lovrien, M.D.
Radiation Safety Officer
Sanford Nuclear Medical Clinic
Nuclear Medicine Department
1205 South Grange Avenue, Suite 402
Sioux Falls, South Dakota 57105

LICENSE NUMBER

40-26865-01

MAIL CONTROL NUMBER

586626

LICENSING AND/OR TECHNICAL REVIEWER

CH

This is to acknowledge the receipt of your:

☒ LETTER and/or ☐ APPLICATION DATED: 05/02/2014

The initial processing, which included an administrative review, has been performed.

☒ AMENDMENT ☐ TERMINATION ☐ NEW LICENSE ☐ RENEWAL

- ☐ There were no administrative omissions identified during our initial review.
- ☐ This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.
- ☐ Your application for a new NRC license did not include your taxpayer identification number. Please fill out NRC Form 531, located at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted separately if there is a fee issue involved.

Your application has been assigned the above listed **MAIL CONTROL NUMBER**. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV
U. S. Nuclear Regulatory Commission
DNMS/NMSB - B
1600 E. Lamar Boulevard
Arlington, TX 76011-4511
(817) 200-1103 or (817) 200-1140

✓4/22

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02120
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date:
Fee Comments:
Decom Fin Assur Req'd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Sanford Medical Clinic
Received Date: 04/10/2015
Docket Number: 3029708
Mail Control Number: 586626
License Number: 40-26865-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

Carol R. Hie
4/22/15

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: _____