



## APPLICATION FOR MATERIALS LICENSE

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the FOIA, Privacy, and Information Collections Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to [Infocollections.Resource@nrc.gov](mailto:Infocollections.Resource@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

**INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW. \*AMENDMENTS/RENEWALS THAT INCREASE THE SCOPE OF THE EXISTING LICENSE TO A NEW OR HIGHER FEE CATEGORY WILL REQUIRE A FEE.**

**APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:**

OFFICE OF FEDERAL & STATE MATERIALS AND  
ENVIRONMENTAL MANAGEMENT PROGRAMS  
DIVISION OF MATERIALS SAFETY AND STATE AGREEMENTS  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001

**ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:**

**IF YOU ARE LOCATED IN:**

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA,  
KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY,  
NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH  
CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA,

**SEND APPLICATIONS TO:**

LICENSING ASSISTANCE TEAM  
DIVISION OF NUCLEAR MATERIALS SAFETY  
U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
2100 RENAISSANCE BOULEVARD, SUITE 100  
KING OF PRUSSIA, PA 19406-2713

**IF YOU ARE LOCATED IN:**

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN,  
**SEND APPLICATIONS TO:**

MATERIALS LICENSING BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION III  
2443 WARRENVILLE ROAD, SUITE 210  
LISLE, IL 60532-4362

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS,  
LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH  
DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS,  
UTAH, WASHINGTON, OR WYOMING,

**SEND APPLICATIONS TO:**

NUCLEAR MATERIALS LICENSING BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV  
1600 E. LAMAR BOULEVARD  
ARLINGTON, TX 76011-4611

RECEIVED  
JUN 11 2015  
DNMS

**PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.**

**1. THIS IS AN APPLICATION FOR (Check appropriate item)**

- ☐ A. NEW LICENSE  
☐ B. AMENDMENT TO LICENSE NUMBER  
☒ C. RENEWAL OF LICENSE NUMBER

4034223-01

**3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED**

SIouxLAND UROLOGY CENTER  
455 SIOUX POINT ROAD  
DAKOTA DUNES, SD 57049

NON-PUBLIC

- ☐ Immediate Release  
☒ Normal Release  
☐ A.3 Sensitive-Security Related  
☐ A.7 Sensitive Internal  
☐ Other:

Reviewer: [Signature]

**2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)**

SIouxLAND UROLOGY CENTER, LLC  
455 SIOUX POINT ROAD  
DAKOTA DUNES, SD 57049

**4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION**

GREG HAAR

BUSINESS TELEPHONE NUMBER  
(605) 242-2316

BUSINESS CELLULAR TELEPHONE NUMBER  
(712) 898-6169

**BUSINESS EMAIL ADDRESS**

GHAAR@SIOUXLANDUROLOGY.COM

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

**5. RADIOACTIVE MATERIAL**

- a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.

**8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.**

**10. RADIATION SAFETY PROGRAM.**

**6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.**

**7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.**

**9. FACILITIES AND EQUIPMENT.**

**11. WASTE MANAGEMENT.**

**12. LICENSE FEES (Fees required only for new applications, with few exceptions\*)  
(See 10 CFR 170 and Section 170.31)**

FEE CATEGORY

AMOUNT  
ENCLOSED \$

**13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.**

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 37, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.  
WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 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.

CERTIFYING OFFICER -- TYPED/PRINTED NAME AND TITLE

GREG HAAR/ADMINISTRATOR

SIGNATURE

[Signature]

DATE

5/24/15

**FOR NRC USE ONLY**

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	

Note: Incomplete renewal

586948



455 Sioux Point Road  
Dakota Dunes, SD 57049

SIOUX FALLS  
SD 570  
29 MAY '15  
PM 2 L



RECEIVED JUN - 1 2015

NUCLEAR MATERIALS LICENSING BRANCH  
US NUCLEAR REGULATORY COMMISSION,  
REGION IV  
1600 E. LAMAR BOULEVARD  
ARLINGTON, TX 76011-4511

76011451199



586948



DATE

06/02/2015

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

GREGORY D. NADEN, M.D., RSO  
SIOUXLAND UROLOGY CENTER  
455 SIOUX POINT ROAD  
DAKOTA DUNES, SD 57049

LICENSE NUMBER

40-34223-01

MAIL CONTROL NUMBER

586948

LICENSING AND/OR TECHNICAL REVIEWER

CH

This is to acknowledge the receipt of your:

☐ LETTER and/or ☒ APPLICATION DATED: 05/29/2015

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

✓6/2

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02200  
Status Code: Pending Renewal  
Fee Category: 7C  
Exp. Date:  
Fee Comments:  
Decom Fin Assur Req: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: SIOUXLAND UROLOGY CENTER, LLC  
Received Date: 06/01/2015  
Docket Number: 3036922  
Mail Control Number: 586948  
License Number: 40-34223-01  
Action Type: Renewal

#### 2. FEE ATTACHED

Amount: \_\_\_\_\_

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

#### 3. COMMENTS

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

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

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