

1305 W 18th Street
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Ph: (605) 333-1000
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SANFORD
HEALTH

July 24, 2015

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

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

Dear Ms. Cook:

We hereby submit a letter of intent to cease operations of our NRC Radioactive Materials License (RML) #40-26865-01 (Docket # 030-29708). This termination is not a result of a transfer of control, but a decision to cease clinical operations and terminate the license. This letter is filed pursuant to 10 CFR 30.34(b).

Clinical operations at the Sanford Nuclear Medical Clinic facility were ended after June 30, 2015. Radioactive materials have not been received since June 30, 2015. We have decayed all waste to a level indistinguishable from background. We propose to transfer all sealed or generally-licensed sources to Sanford Medical Center, RML #40-12378-01 (Docket #030-03249).

We have secured the facility and completed a decommissioning survey, for which the analysis is underway. The results of the decommissioning survey and NRC Form 314 will be sent under a separate cover, as soon as they are completed.

If there are any questions, do not hesitate to contact myself or Kay Schoppers, CNMT, at 605-328-8970. Thank you for your attention to this amendment request.

Sincerely,



F.C. Lovrien, M.D.
Radiation Safety Officer



Sharon Hunt
Vice President of Sanford Clinic

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

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

Reviewer: RITZ

Date: 9-15-15

588785

Our Mission:
Dedicated to the work of
health and healing



DATE

09/14/2015

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

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

LICENSE NUMBER

40-26865-01

MAIL CONTROL NUMBER

588785

LICENSING AND/OR TECHNICAL REVIEWER

CH

This is to acknowledge the receipt of your:

☐ LETTER and/or ☒ APPLICATION

DATED: 07/24/2015

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

✓ 9/14

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02120
Status Code: Pending Termination
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: Sanford Medical Clinic
Received Date: 08/21/2015
Docket Number: 3029708
Mail Control Number: 588785
License Number: 40-26865-01
Action Type: Termination

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: _____