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NOV 16 2017

DNMS

United States Nuclear Regulatory Commission
Division of Nuclear Materials Safety Branch B
USNRC Region IV
1600 East Lamar Blvd.
Arlington, Texas 76011-4511

October 6, 2017

SUBJECT: License Amendment: Removal of authorized user on NRC License number 25-29421-01

Please remove the following individual as authorized users for 10 CFR 35.100, 35.200, 35.300 and 31.11 uses:

Arthur K Harris, MD

Dr. Harris is retiring.

Please contact our Radiation Safety Office, Kari Cann at 406-788-7887 or kndcann@aol.com if there are questions regarding this change to our license

Thank you for your attention to this matter.

A handwritten signature in blue ink that reads 'Steven Todd'.

Chief Executive Officer
St Luke Community Hospital
Ronan, Montana 59864

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

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

Reviewer: RITZ Date: 11-28-17

1601842



**St. Luke Community
Healthcare**

107 6th Ave. S.W.
Ronan, Montana 59864

RETURN SERVICE REQUESTED

United States Nuclear Regulatory Commission
Division of Nuclear Materials Safety Branch B
USNRC Region IV
1600 East Lamar Blvd.
Arlington, Texas 76011-4511

VED NOV 16 2017

76011#4587 C002



601842



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Steven J. Todd, Chief Executive Officer
St. Luke Community Hospital
107 6th Avenue Southwest
Ronan, Montana 59864

Date

12/06/2017

License Number(s)

25-29421-01

Mail Control Number(s)

601842

Licensing and/or Technical Reviewer or Branch

CHill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 10/06/2017

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 complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>
Follow the instructions on the form for submission.

☐ The following administrative omissions have been identified:

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) 200-1209 or (817) 200-1140

12/6/17

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: 04/30/2021
Fee Comments:
Decom Fin Assur Req'd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: St. Luke Community Hospital
Received Date: 11/16/2017
Docket Number: 3038419
Mail Control Number: 601842
License Number: 25-29421-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

Carol L. Hee
12/6/17

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: _____