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February 27, 2018

DNMS

Jackie Cook, Senior Health Physicist
Nuclear Regulatory Commission Region IV
Division of Nuclear Material Safety
Materials Licensing and Inspection Branch
1600 E Lamar Blvd
Arlington, TX 76011-4511

PUBLIC

☐ Immediate Release

☒ Normal Release

NON-PUBLIC

☐ A.3 Sensitive-Security Related

☐ A.7 Sensitive Internal

☐ Other: _____

Reviewer: *HL* Date: 3-13-18

Ref: License 40-01683-01

Dear Officer:

Please amend our medical material license to re-instate Lawrence Leone M.D. as an authorized user for uses identified in 10 CFR part 35.100, 35.200 and 35.300. He was identified as an authorized user on our license amendment 39 and is also on Iowa license 0035-1-97-M1 for uses permitted 641-41.2(31) and (33).

I will be glad to supply any additional information required by you. Please contact our RSO S. Guru Prasad, Ph.D. directly by email at air_n2847j@yahoo.com or over phone at 1 847-921-3462 regarding this request.

Sincerely,



Douglas R. Ekeren, FACHE
Regional President and CEO
Avera Sacred Heart Hospital

602565



501 Summit St.
Yankton, SD 57078-3855

RETURN SERVICE REQUESTED

SIOUX FALLS
SD 570
27 FEB '18
PM 3:1

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1600 E Lamar Blvd
Arlington, TX 76011-4511

RECEIVED MAR 2 / 2018

76011-458725



1602565



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Mr. S. Guru Prasad, Ph.D.
Radiation Safety Officer
Avera Sacred Heart Hospital
Department of Radiology
501 Summit Street
Yankton, SD 57078-3899

Date

03/08/2018

License Number(s)

40-01683-01

Mail Control Number(s)

602565

Licensing and/or Technical Reviewer or Branch

CHill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 02/27/2018

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

✓ 3/8/18

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: 11/30/2025
Fee Comments: CODE 21
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Avera Sacred Heart Hospital
Received Date: 03/02/2018
Docket Number: 3003235
Mail Control Number: 602565
License Number: 40-01683-01
Action Type: Amendment

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: _____