

MATERIALS LICENSE

Amendment No. 09

Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and Title 10, Code of Federal Regulations, Chapter I, Parts 30, 31, 32, 33, 34, 35, 36, 39, 40, and 70, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer byproduct, source, and special nuclear material designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the regulations of the applicable Part(s). This license shall be deemed to contain the conditions specified in Section 183 of the Atomic Energy Act of 1954, as amended, and is subject to all applicable rules, regulations, and orders of the Nuclear Regulatory Commission now or hereafter in effect and to any conditions specified below.

OFFICIAL RECORD COPY

<p>Licensee</p> <p>1. Nanticoke Memorial Hospital</p> <p>2. 801 Middleford Road Seaford, Delaware 19973</p>		<p>In accordance with the letter dated January 23, 1997,</p> <p>3. License Number 07-17618-01 is amended in its entirety to read as follows:</p>	
		<p>4. Expiration Date June 30, 2003</p>	
		<p>5. Docket or Reference No. 030-13060</p>	
<p>6. Byproduct, Source, and/or Special Nuclear Material</p>		<p>7. Chemical and/or Physical Form</p>	<p>8. Maximum Amount that Licensee May Possess at Any One Time Under This License</p>
<p>A. Any byproduct material identified in 10 CFR 35.100</p>		<p>A. Any radiopharmaceutical identified in 10 CFR 35.100</p>	<p>A. As needed</p>
<p>B. Any byproduct material identified in 10 CFR 35.200</p>		<p>B. Any radiopharmaceutical identified in 10 CFR 35.200 except gas</p>	<p>B. As needed</p>
<p>C. Any byproduct material identified in 10 CFR 31.11</p>		<p>C. Prepackaged Kits</p>	<p>C. As needed</p>
<p>9. Authorized use</p> <p>A. Any uptake, dilution and excretion procedure approved in 10 CFR 35.100.</p> <p>B. Any imaging and localization procedure approved in 10 CFR 35.200.</p> <p>C. <u>In vitro</u> studies.</p>			

CONDITIONS

- Licensed material may be used only at the licensee's facilities located at 801 Middleford Road, Seaford, Delaware.
- The Radiation Safety Officer for this license is Martin J. Cosgrove, M.D.
- Licensed material listed in Item 6 above is only authorized for use by, or under the supervision of, the following individuals for the materials and uses indicated:

Authorized Users

Material and Use

Martin J. Cosgrove, M.D.

35.100; 35.200
In vitro studies

Louis F. Owens, Jr., M.D.

35.100; 35.200
In vitro studies

9706180385 970404
PDR ADOCK 03013060
C PDR



ML 10

MATERIALS LICENSE
SUPPLEMENTARY SHEETLicense Number
07-17618-01Docket or Reference Number
030-13060

Amendment No. 09

13. The licensee is authorized to transport licensed material in accordance with the provisions of 10 CFR Part 71, "Packaging and Transportation of Radioactive Material."
14. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents, including any enclosures, listed below, except for minor changes in the medical use radiation safety procedures as provided in 10 CFR 35.31. The U.S. Nuclear Regulatory Commission's regulations shall govern unless the statements, representations, and procedures in the licensee's application and correspondence are more restrictive than the regulations.
- A. Application dated December 21, 1992
 - B. Letter dated April 9, 1993
 - C. Letter dated May 28, 1993
 - D. Letter dated March 29, 1996
 - E. Letter dated January 29, 1997

Date APR - 4 1997

For the U.S. Nuclear Regulatory Commission

Original Signed By:
By Michelle Beardsley
Nuclear Materials Safety Branch
Region I
King of Prussia, Pennsylvania 19406

APR - 4 1997

Martin J. Cosgrove, M.D.
Radiation Safety Officer
Nanticoke Memorial Hospital
801 Middleford Road
Seaford, DE 19973

Dear Dr. Cosgrove:

This refers to your license amendment request. Enclosed with this letter is the amended license. Please note that as part of this amendment, in accordance with 10 CFR 30.36, effective February 15, 1996, the expiration date of your license has been extended by a period of five years. Your new expiration date is stated in Item 4 of the license.

Please review the enclosed document carefully and be sure that you understand and fully implement all the conditions incorporated into the amended license. If there are any errors or questions, please notify the U.S. Nuclear Regulatory Commission, Region I Office, Licensing Assistance Team, (610) 337-5093 or 5239, so that we can provide appropriate corrections and answers.

Thank you for your cooperation.

Sincerely,

Original Signed By:
Michelle Beardsley

Michelle R. Beardsley
Division of Nuclear Materials Safety

License No. 07-17618-01
Docket No. 030-13060
Control No. 124179

Enclosure:
Amendment No. 09

OFFICIAL RECORD COPY

ML 10

DOCUMENT NAME: R:\WPS\MLTR\L0717618.01

To receive a copy of this document, indicate in the box: "C" = Copy w/o attach/encl "E" = Copy w/ attach/encl "N" = No copy

OFFICE	DNMS/RI	<input checked="" type="checkbox"/> N	DNMS/RI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME	Beardsley						
DATE	02/03/97	02/ /97	02/ /97	02/ /97	02/ /97	02/ /97	02/ /97

OFFICIAL RECORD COPY

January 29, 1997



Ms. Tara Weidner
U.S. Nuclear Regulatory Commission
Region 1 Nuclear Material Section B
475 Allendale Road
King of Prussia, Pa. 19406
Facsimile: (610) 337-5269

030-13060

Re: Nanticoke Memorial Hospital
License No. 0747618-01

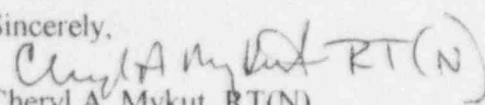
Dear Ms. Weidner:

Due to ongoing construction in our institution, we are only now finalizing preparations for the relocation of the stress test lab. Approval of the stress area was received on April 30, 1996 (# 1 on enclosed floor plan). At this time, we find that it is necessary to relocate the lab from one side of the dividing wall to the other (# 2 on the enclosed floor plan). Enclosed please find the revised floor plan for the area to be used for radionuclide stress testing.

This request is submitted on behalf of Martin J. Cosgrove, M.D., Radiation Safety Officer, Nanticoke Memorial Hospital.

Any questions regarding this matter may be directed to the undersigned at (302) 629-7933.

Sincerely,

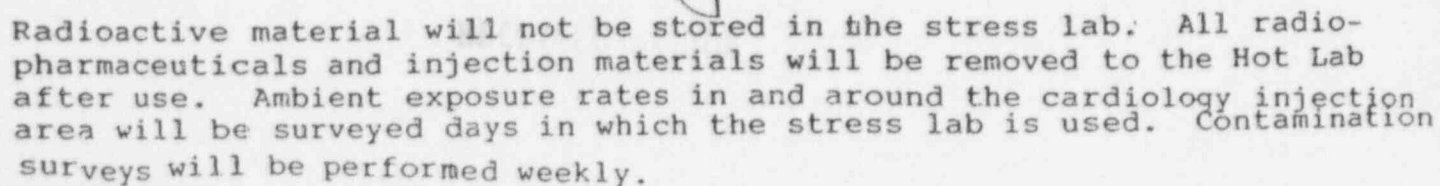

Cheryl A. Mykut, RT(N)

124178

OFFICIAL RECORD COPY

ML 10

JAN 30 1997



LICENSE FEE REQUIREMENTS

LICENSE FEE AND DEBT COLLECTION BRANCH
DIVISION OF ACCOUNTING AND FINANCE
OFFICE OF THE CONTROLLER
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001NANTICOKE MEMORIAL HOSPITAL
ATTN: CHERYL A. MYKUT RT (N)
801 MIDDLEFORD ROAD
SEAFORD, DE 19973

TYPE OF ACTION

- ☐ NEW LICENSE
☐ RENEWAL OF LICENSE
☒ AMENDMENT TO LICENSE

REQUESTED DATE

1-29-97

LICENSE NUMBER

07-17618-01

CONTROL NUMBER

124179

I. APPLICATION FEE DUE

Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of the enclosed Federal Register notice. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.

FEE CATEGORY	APPLICATION	RENEWAL	AMENDMENT
7C	\$	\$	\$ 440.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(S) DUE	\$	440.00
PAYMENT RECEIVED	\$	0.00
AMOUNT DUE	\$	440.00

☒ Your request was received without the prescribed application fee.

☐ We received your Check No. _____ in the amount of \$ _____. Payment of the additional fee noted above is required.

☐ Your request will increase the scope of your license program. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(d)(2).

☐ Your license expired prior to the receipt of your application for renewal. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(a).

MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM THE DATE LISTED BELOW, WE SHALL ASSUME THAT YOU DO NOT WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS ACTION.

II. FEE NOT REQUIRED

- ☐ Enclosed is Check No. _____ which accompanied your request. The fee is not required because:
- ☐ We received your Check No. _____ in payment of the fee.
- ☐ The Licensing staff has informed us that your request is to be considered as a continuation of your request dated _____, Control No. _____.
- ☐ Your request was combined, prior to review, with your request, Control No. _____.

III. CHECK RETURNED

☐ Enclosed is Check No. _____ which was returned to us by the bank for:

- ☐ INSUFFICIENT FUNDS
☐ ACCOUNT CLOSED
☐ OTHER

MAIL THE REPLACEMENT CHECK TO THE ADDRESS LISTED AT THE TOP OF THIS FORM AND REFERENCE THE ABOVE CONTROL NUMBER.

IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE

- ☐ License No. _____ Amendment No. _____, issued on _____ was issued without the required fee being collected. The fee required is noted in Section I of this form.
- ☐ The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section 1 of this form. Refer to Section 170.31 and Footnote 1(d)(2).
- ☐ Because of the urgency of your request, the license was issued without remittance of the prescribed fee noted in Section 1 of this form.

SIGNATURE - LICENSE FEE ANALYST

LFDCB

LFDCB

Distribution:

DATE

Region I

Pending

BBrown

LFARF R/F

OC/DAF R/F

OC/DAF S/F (LF-3.2.7)

3-10-97

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

(FOR LFMS USE)
INFORMATION FROM LTS

PROGRAM CODE: 02120
STATUS CODE: 0
FEE CATEGORY: 7C
EXP. DATE: 20030630
FEE COMMENTS: CODE 23
DECOM FIN ASSUR REQ: N

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: NANTICOKE MEMORIAL HOSPITAL
RECEIVED DATE: 970130
DOCKET NO: 3013060
CONTROL NO.: 124179
LICENSE NO.: 07-17618-01
ACTION TYPE: AMENDMENT

2. FEE ATTACHED

AMOUNT: -----
CHECK NO.: -----

3. COMMENTS

SIGNED
DATE

M. A. Perkins
1/30/97

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED 1 1)

1. FEE CATEGORY AND AMOUNT: 7C \$440

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:

AMENDMENT -----
RENEWAL -----
LICENSE -----

3. OTHER -----

SIGNED
DATE

I (97)

Log	<u>Feb 10</u>
Planner	
Check No.	<u>130785</u>
Amount	<u>8440</u>
Fee Category	<u>7C</u>
Type	<u>AND</u>
Date Completed	<u>4/1/97</u>
By	<u>BA</u>

Dep at St. Louis

97 FEB 10 AM 10:05