



305 S. State St.  
Aberdeen, SD 57401  
605-622-5000

AveraStLukes.org

United States Nuclear Regulatory Commission  
Region IV  
1600 E. Lamar Blvd.  
Arlington, Texas 76077-4511

3/2/2022

**Re: Amendment request to license 40-18000-01**

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6aU W@g\_ TWI, %' #%) \*  
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Dear Sir or Madam,

We received a corrected copy for Amendment No. 40 for License No. 40-18000-01. The corrected copy reinstated CFR 35.300 which was inadvertently removed from the amended license. The new corrected license also removed 35.1000 for Leslie Lenter MD. We would like to remove 6. D. Cesium-137 permitted by 10 CFR .35.400 and 12. B. 35.400 for Leslie Lenter MD. We have not performed any Brachy Therapy since 2004.

If there are any questions or further information needed, please contact our Lead Nuclear Medicine Technologist, David Martin at 605-622-5072 or Tony Kallas, Radiology Department Director at 605-622-5071. Please forward amended license to both Leslie Lenter MD at [leslie.lenter@avera.org](mailto:leslie.lenter@avera.org) and David Martin at [david.martin@avera.org](mailto:david.martin@avera.org).

Thank You for your assistance

Regards

  
Tony Kallas, Director of Radiology

  
David Martin RT(R) CNMT

  
Leslie Lenter MD RSO

Avera St. Luke's Hospital  
305 South State Street  
Aberdeen, SD 57401

**From:** [David Martin](#)  
**To:** [Hill, Carol](#)  
**Subject:** [External\_Sender] FW: Amendment to RAM license 03 2022  
**Date:** Wednesday, March 2, 2022 11:28:22 AM  
**Attachments:** [Amendment to RAM license 03 2022.pdf](#)

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Carol, Attached is a corrected copy.

Thanks    Dave Martin

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**From:** Tony Kallas  
**Sent:** Wednesday, March 2, 2022 11:14 AM  
**To:** David Martin <david.martin@avera.org>  
**Subject:** Amendment to RAM license 03 2022



**ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE**

**Name and Address of Applicant and/or Licensee**

Leslie H. Lenter, M.D. Radiation Safety Officer  
Avera St. Luke's  
dba Avera St. Luke's Hospital  
305 S State St  
Aberdeen, SD 57401

**Date**

03/02/2022

**License Number(s)**

40-18000-01

**Mail Control Number(s)**

630254

**Licensing and/or Technical Reviewer or Branch**

C. Hill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 03/02/2022

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) 200-1103 or (817) 200-1140**

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'd: N

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## License Fee Worksheet - License Fee Transmittal

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### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: Avera St. Luke's  
Received Date: 03/02/2022  
Docket Number: 3013778  
Mail Control Number: 630254  
License Number: 40-18000-01  
Action Type: Amendment

#### 2. FEE ATTACHED

Amount: N/A

Check No.: N/A

#### 3. COMMENTS

Signed: Carol L. Hill

Date: 03/02/2022

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

Agency: NRC

## WBL WORKSHEET

DOCKET NUMBER: 3013778	LICENSE NUMBER: 40-18000-01	STATUS: Pending Amendment
MAIL CONTROL NUMBER: 630254	RECEIPT DATE: 03/02/2022	ACTION TYPE: Amendment
DUE DATE: 05/31/2022	INST. CODE: 18000	LICENSE REGION: Region 4
LICENSE TYPE: 30	ENTITY TYPE: C	LICENSE GROUP: Medical
ISSUE DATE:	ORIGINAL DATE: 09/26/1988	EXPIRATION DATE: 11/30/2025
DECOMMISSIONING CATEGORY: Group 2	LAST ISSUE DATE:	
LICENSEE NAME: Avera St. Luke's	DECOM FIN ASSUR REQD: N SUBM: N	
MAILING ADDRESS LINE1: 305 South State Street	CONT PLAN REQD: N APPRV: N	
MAILING ADDRESS LINE 2:		
CITY: Aberdeen	STATE: SD	ZIP: 57401
CONTACT PERSON: PREFIX:	FIRST NAME: Lee	MIDDLE INITIAL: Ann
LAST NAME: Tople	SUFFIX:	
JOB TITLE: Director of Radiation Therapy	PHONE: 605-622-5068 FAX:	EMAIL: Leeann.Tople@avera.o
BILLING ADDRESS LINE 1:		
BILLING ADDRESS LINE 2:		
CITY:	STATE: South Dakota	ZIP:
BILLING CONTACT PERSON: FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
PHONE:	EMAIL:	FAX:
PRIMARY PGM CODE: 02120	SECONDARY PGM CODE: 02120	
INSPECTION REGION: Region 4	PRIORITY: 3	
RSO: PREFIX:	FIRST NAME: Leslie	MIDDLE INITIAL: H. LAST NAME Lenter
SUFFIX: M.D.	RSO JOB TITLE:	
RSO PHONE: 605-622-5540	RSO FAX: 605-622-5042	RSO EMAIL: leslie.lenter@avera.org
STATES WHERE USE IS AUTHORIZED: 1	0- ALL LISTED STATES 1- SAME AS STATE IN ADDRESS 2- ALL STATES 3- NON-AGREEMENT-STATES	
AUTHORIZED STATES (USE ONLY IF ABOVE IS ZERO):		