



Appalachian Regional Healthcare

The Medical Centers of the Mountains

www.arh.org

December 29, 2004

David J. Collins, Health Physicist  
Region II, Division of Nuclear Materials Safety  
61 Forsyth Street, SW, Suite 23T85  
Atlanta, GA 30303-8931

05 JAN -5 AMO :27

RECEIVED  
REGION I

RE: License No. 47-25622-01

Dear Mr. Collins:

03036232

Enclosed please find an Application for Amendment to the above referenced license.

The authorized users on this license are Halburto G. Cruz, M. D., Radiation Safety Officer, and Ajay Anand, M. D. However, Dr. Cruz is no longer on the medical staff of our facility and we wish to amend our license to include Bharat G. Patel, M. D., as Radiation Safety Officer. Dr. Bharat Patel is the Radiation Safety Officer for Beckley Appalachian Regional Hospital (**License # 47-17725-02**) and Beckley Appalachian Regional Hospital is a part of Appalachian Regional Healthcare, Inc., owner and operator of Summers County Appalachian Regional Hospital. Dr. Bharat G. Patel is a member of the medical staff of Summers County ARH Hospital, and actively involved in our nuclear medicine service.

Please advise us of any additional requirements that are necessary to effectuate this change.

Should you have any questions, please contact me at (304) 466-2900.

Thank you.

Sincerely,

Chris Vaught, CCEO

136246

NMCC/RGHI MATERIALS-002

Summers County ARH Hospital

Terrace Street • Hinton, WV 25951

(304) 466-1000

**NRC FORM 313**  
(4-2004)  
10 CFR 30, 32, 33,  
34, 35, 36, 39, and 40

**U.S. NUCLEAR REGULATORY COMMISSION**

**APPROVED BY OMB: NO. 3150-0120**

**EXPIRES: 10/31/2005**

Estimated burden per response to comply with this mandatory collection request: 7 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to [infocollects@nrc.gov](mailto:infocollects@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

**APPLICATION FOR MATERIAL LICENSE**

**INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.**

**APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:**

DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY  
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001

**ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:**

**IF YOU ARE LOCATED IN:**

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM  
DIVISION OF NUCLEAR MATERIALS SAFETY  
U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
475 ALLENDALE ROAD  
KING OF PRUSSIA, PA 19406-1415

**IF YOU ARE LOCATED IN:**

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION III  
2443 WARRENVILLE ROAD, SUITE 210  
LISLE, IL 60532-4352

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV  
611 RYAN PLAZA DRIVE, SUITE 400  
ARLINGTON, TX 76011-4005

*03036232*

**PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.**

**1. THIS IS AN APPLICATION FOR (Check appropriate item)**

- A. NEW LICENSE
- B. AMENDMENT TO LICENSE NUMBER 47-25622-01
- C. RENEWAL OF LICENSE NUMBER \_\_\_\_\_

**2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)**

Summers County Appalachian Regional Healthcare Hospital  
P.O. Box 940  
Hinton, WV 25951

**3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED**

Summers County Appalachian Regional Healthcare Hospital  
1500 Terrace Street  
Hinton, WV 25951

**4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION**

Chris Vaught, CCEO

**TELEPHONE NUMBER**

(304) 466-2900

**SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.**

**5. RADIOACTIVE MATERIAL**

a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.

**6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.**

**7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.**

**8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.**

**9. FACILITIES AND EQUIPMENT.**

**10. RADIATION SAFETY PROGRAM.**

**11. WASTE MANAGEMENT.**

**12. LICENSE FEES (See 10 CFR 170 and Section 170.31)**

FEE CATEGORY	AMOUNT ENCLOSED	\$
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**13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.**

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

**CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE**

Chris Vaught, Community CEO

**SIGNATURE**

*CV*

**DATE**

12/29/04

**FOR NRC USE ONLY**

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	

*136246*

This is to acknowledge the receipt of your letter/application dated

12/29/2004, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 47-25622-d  
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

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A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 136246.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: Program Code: 02121  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20130331  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Reqd: N  
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: SUMMERS CO. APPALACHIAN REGL. HOSP.  
Received Date: 20050105  
Docket No: 3036232  
Control No.: 136246  
License No.: 47-25622-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: \_\_\_\_\_

3. COMMENTS

Signed W. A. Perkins  
Date 1/7/2005

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 \_\_\_\_\_