



UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION IV  
611 RYAN PLAZA DRIVE, SUITE 400  
ARLINGTON, TEXAS 76011-8064

F A C S I M I L E



**Name:** Chris Lorenzen  
**Organization:** Wyoming Medical Center License No. 49-00152-02  
Docket No. 030-03495  
Control No. 470267  
**Fax:** 307-577-2275  
**Phone:** 307-577-2576  
**From:** Jacqueline D. Cook  
**Date:** May 13, 2005  
**Subject:** Renewal License Application dated November 19, 2004  
**Pages:** 2

Mr. Lorenzen:

Per your application dated November 19, 2004, the items on the next page are deficiencies which require your response. Please respond to this fax no later than close of business Thursday, May 19, 2005. Our fax number is (817) 860-8263. **Please note that I will be out of the office Monday, May 16, 2005, returning to the office on the afternoon of Friday, May 20, 2005.** If you have any questions regarding this fax, please call Roberto Torres at 817-860-8189. When responding to this fax, please include the license, docket, and control numbers located at the top of this page.

Thank you for your cooperation and assistance in expediting this matter.

*/RA/*  
Jacqueline D. Cook  
Senior Health Physicist

1. Please specify the maximum possession limits for 10 CFR 35.400 and 10 CFR 31.11 material, respectively.
2. Please clarify whether Dr. David K. Williams was inadvertently omitted from the list of proposed authorized users. Please note that he is currently listed on Amendment No. 68 of License No. 49-00152-01.
3. Since you no longer have the phosphorus-32 intravascular brachytherapy high dose rate afterloader device and since you do not have any strontium-90 sealed sources for the treatment of superficial eye conditions (in which decay calculations shall only be calculated by an authorized medical physicist in accordance with 10 CFR 35.433(a)) listed on your brachytherapy sealed source inventory, Mr. Robert C. Gregory will not be listed as an authorized medial physicist (AMP) on your renewal license. If in the future, you are authorized for a modality in which an AMP is required, please request an amendment to your license accordingly.
4.
  - A. Please identify the location, room numbers, and principal use of the area(s) above the therapy treatment rooms.
  - B. Please provide shielding calculations and include information about the type, thickness, and density of any necessary shielding to enable independent verification of shielding calculations, including a description of any portable shields used (e.g., shielding of proposed patient room used for implant therapy including the dimensions of any portable shield, if one is used; source storage safe, etc.).
5. Although in your renewal application dated November 19, 2004, you state that for the manual brachytherapy facility, we are providing a description of the emergency response equipment; however, we were unable to locate the description of the emergency response equipment in your renewal application.

Please explain this discrepancy.