

ACCEPTANCE REVIEW MEMO

Licensee: Prairie Lakes Health Care Systems Inc
License No.: 40-16775-01 **Docket No.:** 030-11624
Mail Control No.: 470685
Type of Action: Notify **Date of Requested Action:** 07-28-05
Reviewer Assigned: Roberto **Date Assigned to Reviewer:** 09-15-05
Reviewer(s) Who Performed Review: Torres

Response Received	Deficiencies Noted During Acceptance Review
	1. Determine whether mailing address change only or physical location change.
	2. <i>Called Director of Radiology and left voicemail message</i>
	3. <i>on 9/15/05</i>
	4. <i>Mr. Beaudry called on 9/15/05 12:35pm to inform that it is a mailing address change only, Not physical move.</i>

Reviewer's Initials: *RJR*

Date: 9-15-05

Branch Chief's and/or SR. HP's Initials: *RJC*

Date: 9-15-05

<input type="checkbox"/> Yes <input type="checkbox"/> No	Action - decommissioning notification should be issued within 30 days.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Termination request < 90 days from date of expiration
<input type="checkbox"/> Yes <input type="checkbox"/> No	Action to be expedited
	<input type="checkbox"/> Medical emergency <input type="checkbox"/> Licensee in noncompliance (i.e. no RSO, location of use/storage not on license, radioactive material in possession not on license) <input type="checkbox"/> National Security <input type="checkbox"/> Other (_____)
Branch Chief's and/or Sr. HP's Initials: _____	
Date: _____	

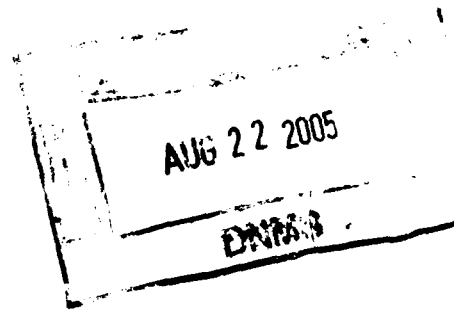
SISP Review	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Non-Publicly Available, Sensitive if <u>any</u> item below is checked
	<input checked="" type="checkbox"/> Radionuclides, forms, and quantities
	<input checked="" type="checkbox"/> Location of RAM
	<input checked="" type="checkbox"/> Building drawings with locations of RAM
	<input checked="" type="checkbox"/> Security of RAM (locks, alarms, etc.)
	<input checked="" type="checkbox"/> SS&D Catalog information
	<input checked="" type="checkbox"/> Specifics of Emergency Plan (routes to and from RAM, response to security events, etc.)
	<input checked="" type="checkbox"/> Safeguards Information
Branch Chief's and/or Sr. HP's Initials: <i>RJC</i>	
Date: <u>9/15/05</u>	



PRAIRIE LAKES
Healthcare System

www.prairielakes.com

SOLUCIENT
TOP HOSPITALS



July 28, 2005

US Nuclear Regulatory Commission
Jackie Cook - Licensing
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011

Dear Ms. Cook:

This letter is notification that the current address of Prairie Lakes Health Care Center in Watertown, South Dakota has been changed from:

**Prairie Lakes Health Care Center
400 10th Avenue Northwest
Watertown, SD 57201-1599**

To:

**Prairie Lakes Health Care Center
P.O. Box 1210
401 9th Avenue Northwest
Watertown, SD 57201-6210**

Your attention to this matter is appreciated. If you have any questions, please contact me at 605 882 7000.

Sincerely,

Tom Beaudry
Director of Radiology

470685

Hospital

401 9th Avenue Northwest
Watertown, SD 57201
Tel: 605.882.7000
Fax: 605.882.7607

Cancer Center

401 9th Avenue Northwest
Watertown, SD 57201
Tel: 605.882.6800
Fax: 605.882.6835

Care Center

415 4th Avenue Northeast
Watertown, SD 57201
Tel: 605.886.8431
Fax: 605.882.6777

Mallard Pointe Surgical Center

1201 Mickelson Drive
Watertown, SD 57201
Tel: 605.882.4743
Fax: 605.882.6064

Foundation

401 9th Avenue Northwest
Watertown, SD 57201
Tel: 605.882.7631
Fax: 605.882.7720

SEP 16 2005

DATE

This is to acknowledge the receipt of your letter/application dated 6-7-28 05, and to inform you that the initial processing, which includes an administrative review, has been performed.

There were no administrative omissions. Your application will be 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:

The action you requested is normally processed within — days.

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 470685.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Carleen Murnahan

Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LEMS USE)
INFORMATION FROM LTS

.....
Program Code: 02120
Status Code: 0
Fee Category: 7C
Exp. Date: 20130630
Fee Comments: CODE 23
Decom Fin Assur Req'd: N
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED PRAIRIE LAKES HEALTH CARE SYS., INC
Applicant/Licensee: 20050822
Received Date: 3011624
Docket No: 470685
Control No.: 40-16775-01
License No.:
Action Type: Notifications

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed *Colleen Brundage*
Date 1/15/13

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / __/)

1. Fee Category and Amount: _____

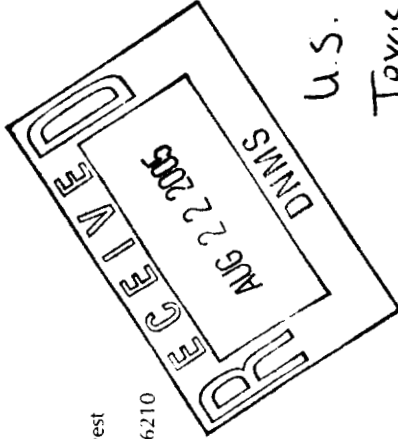
2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

PRAIRIE LAKES
Healthcare System

401 9th Avenue Northwest
PO Box 1210
Watertown, SD 57201-6210



POSTNET
5-DIGIT ZIP
0501334

ARBERDEEN SD 57-12-95



U.S. NRC Region IV
Texas Health Resources Tower
611 Ryan Plaza, Suite 400
Arlington, TX 76011-4005
Attn: Jackie Cook - Licensing

