

ACCEPTANCE REVIEW MEMO

Licensee: Castle Medical Center

License No.: 53-16929-01

Docket No.: 030-11883

Mail Control No.: 470716

Type of Action: Notify Date of Requested Action: 09-22-05

Reviewer Assigned: Date Assigned to Reviewer: 10-04-05

Reviewer(s) Who Performed Review: Torres

Response Received	Deficiencies Noted During Acceptance Review
	1.
	2.
	3.
	4.

Reviewer's Initials: _____

Date: _____

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

Date: _____

- ☐ Yes ☐ No Action - decommissioning notification should be issued within 30 days.
- ☐ Yes ☐ No Termination request < 90 days from date of expiration
- ☐ Yes ☐ No Action to be expedited
- _____ Medical emergency
- _____ Licensee in noncompliance (i.e. no RSO, location of use/storage not on license, radioactive material in possession not on license)
- _____ National Security
- _____ Other (_____)

Branch Chief's and/or Sr. HP's Initials: _____

Date: _____

SISP Review

☐ Yes ☒ No

Non-Publicly Available, Sensitive if any item below is checked

- _____ Radionuclides, forms, and quantities
- _____ Location of RAM
- _____ Building drawings with locations of RAM
- _____ Security of RAM (locks, alarms, etc.)
- _____ SS&D Catalog information
- _____ Specifics of Emergency Plan (routes to and from RAM, response to security events, etc.)
- _____ Safeguards Information

Branch Chief's and/or Sr. HP's Initials: ASDC

Date: 10/4/05

Castle Medical Center

Adventist
Health

640 Ulukahiki Street
Kailua, Hawaii 96734-4498
Tel 808-263-5500
www.castlemed.org

SEP 27 2005

September 22, 2005

U.S. Nuclear Regulatory Commission, Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-8064

Subject: NRC License No.53-16929-01
Docket No. 030-11883

Dear License Reviewer:

Please remove Lawnie Lynn Lau, M.D. and Gary Sato, M.D. from our list of authorized users.

Please contact Gamma Corporation at 808-373-7009 if you require additional information.

Sincerely,



John Monge
Vice-President, Operations
Castle Medical Center
640 Ulukahiki Street
Kailua, Hawaii 96734
808-263-5142

10-05-05

DATE

This is to acknowledge the receipt of your letter/application dated 09-22-05, 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 470716.

When calling to inquire about this action, please refer to this mail control number.

You may call me at 817-860-8103.

Sincerely,

Colleen Murrah

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: 20120630
Fee Comments: CODE 21
Decom Fin Assur Req'd: N
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: CASTLE MEDICAL CTR.
Received Date: 20050927
Docket No: 3011883
Control No.: 470716
License No.: 53-16929-01
Action Type: Notifications

2. FEE ATTACHED

Amount: 7
Check No.:

3. COMMENTS

Signed Carolyn M. Munnick
Date 10/03/05

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 _____

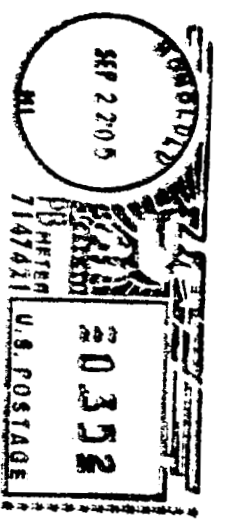
Signed _____
Date _____

Castle Medical Center
Adventist Health

Administration
640 Ulukahi Street
Kalihi, Hawaii 967

**ADDRESS SERVICE
REQUESTED**

**PRESORTED
FIRST CLASS**



U.S. Nuclear Regulatory Commission, Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-8064

GA073MF 76011

