

ACCEPTANCE REVIEW MEMO

Licensee: Memorial Hospital of Laramie County
License No.: 49-01380-01 **Docket No.:** 030-03496
Mail Control No.: 470799
Type of Action: Amend **Date of Requested Action:** 12-13-05
Reviewer Assigned: **Date Assigned to Reviewer:** 12-20-05
Reviewer(s) Who Performed Review: Gaines

| 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:** _____

| | | |
|------------------------------|-----------------------------|---|
| <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 |
| | | ____ 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 | | |
|------------------------------|--|--|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Non-Publicly Available, Sensitive if <u>any</u> 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: ADU **Date:** 12/20/05

ADG



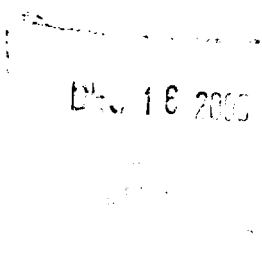
WEST BUILDING
214 E. 23rd Street
Cheyenne, Wyoming 82001
307/634-CARE (307/634-2273)

UNITED MEDICAL CENTER

People Caring for People

EAST BUILDING
2600 E. 18th Street
Cheyenne, Wyoming 82001
307/632-6411

13, December, 2005
Ms. Jacqueline D. Cook, Senior Health Physicist
Nuclear Regulatory Commission, Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011-8064



Subject: **Amendment of license NO. 49-01380-01**

Dear Ms. Cook,

This letter is to inform you of the disposal of our depleted uranium via transfer to US Ecology Washington, Inc. low level radioactive waste at the Richland WA facility. We therefore ask that the listing of depleted uranium "storage only, pending disposal" be removed form our license.

If you have any questions please feel free to contact me at 307-633-7823. Thank you for your attention to this matter.

Sincerely,

Todd A. Christensen, MS DABR
Radiation Safety Officer
United Medical Center
214 East 23rd Street
Cheyenne, WY 82001

This is to acknowledge the receipt of your letter/application dated 12-13-05, 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.

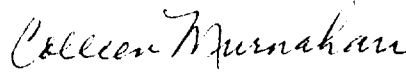
Please provide to this office within 30 days of your receipt of this card:

The action you requested is normally processed within 90 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 470799.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,



Licensing Assistant

BETWEEN:
 License Fee Management Branch, ARM
 and
 Regional Licensing Sections

Program Code: 02120
 Status Code: 0
 Fee Category: 7C 2B
 Exp. Date: 20150331
 Fee Comments: CODE 13
 Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MEMORIAL HOSPITAL OF LARAMIE CTY.
 Received Date: 20051216
 Docket No.: 3003496
 Control No.: 470799
 License No.: 49-01380-01
 Action Type: Amendment

2. FEE ATTACHED

Amount:
 Check No.:

3. COMMENTS

Signed *Alissa Murakawa*
 Date 12/20/05

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 _____

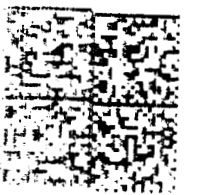
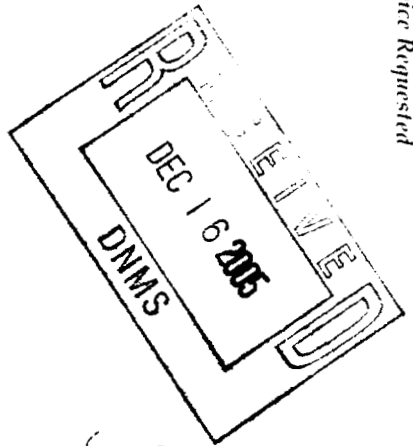


UNITED
MEDICAL
CENTER

People Caring for People

WEST BUILDING
214 E. 23rd Street
Cheyenne, WY 82001

Address Service Requested



047525000000
\$00.370
US POSTAGE

100A Jacqueline D. Cook, Senior Health Physicist
Nuclear Regulatory Commission, Region IV
611 Ryan Plaza Drive, Suite 400
Oklahoma, Texas
76011-4005-00 0001

