ACCEPTANCE REVIEW MEMO

Licensee: Castle Medical Center

License No.: 53-16929-01 **Docket No.:** 030-11883

Mail Control No.: 470792

Type of Action: Amend **Date of Requested Action:** 11-28-05

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:** _____

☐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: ADG **Date:** 12/20/05

Castle Medical Center

Adventist Health

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

November 28, 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 Mitchell Moy 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

DEC 20 2005

DATE

This is to acknowledge the receipt of your letter/application dated 11-28-05, 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 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** 470792.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Murnahan

Licensing Assistant

NRC FORM 532 (RIV)
(9-2003)

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02120
Status Code: 0
Fee Category: 7C
Exp. Date: 20120630
Fee Comments: C0DE 21
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: CASTLE MEDICAL CTR.
   Received Date: 20051209
   Docket No: 3011883
   Control No.: 470792
   License No.: 53-16929-01
   Action Type: Amendment

2. FEE ATTACHED
   Amount: /
   Check No.: /

3. COMMENTS

Signed Colleen Murnahan
Date 12/28/05

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 _____

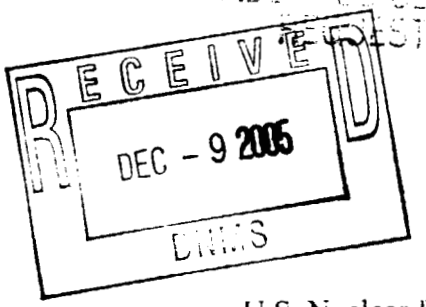
3. OTHER _____
   _____

Signed _____
Date _____

Castle Medical Center

Adventist Health

Administration
640 Ulukahiki Street
Kailua, Hawaii 96734-4498



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