



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PENNSYLVANIA 19406-1415

August 10, 2006

Docket No. 03017518
Control No. 139168

License No. 45-19382-01

Tim Anderson
Vice President, Clinical Services
Smyth County Community Hospital
565 Radio Hill Road
Marion, VA 24354

SUBJECT: SMYTH COUNTY COMMUNITY HOSPITAL, REQUEST FOR ADDITIONAL
INFORMATION CONCERNING APPLICATION FOR AMENDMENT TO
LICENSE, CONTROL NO. 139168

Dear Mr. Anderson:

This is in reference to your letter dated July 17, 2006 regarding the pending change in ownership of Smyth County Community Hospital. In order to continue our review, we need the following additional information prior to completion of the sale, submitted as a request to amend NRC License No. 45-19382-01 accordingly:

It appears from your letter that a possible change of ownership (control) has occurred. Licensees must provide full information and obtain NRC's **prior written consent** before transferring control of the license. Control of a license is in the hands of the person or persons who are empowered to decide when and how that license will be used. That control is to be found in the person or persons who, because of ownership or authority explicitly delegated by the owners, possess the power to determine corporate policy and thus the direction of the activities under the license. A transferee is an entity that proposes to purchase or otherwise gain control of an NRC-licensed operation. A transferor is an NRC licensee selling or otherwise giving up control of a licensed operation. Provide the following information concerning changes of control by the applicant (transferor and/or transferee, as appropriate). If any items are not applicable, so state.

- a. Provide a complete description of the transaction (transfer of stocks or assets, or merger).
- b. Indicate whether the name has changed and include the new name. Include the name and telephone number of a licensee contact who NRC may contact if more information is needed.
- c. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for any new personnel.
- d. Describe any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.

- e. Describe the status of the surveillance program (surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.
- f. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.
- g. Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.
- h. If your license requires financial assurance for decommissioning, you will need to address changes to financial assurance for name changes and/or change in ownership (control). If your company's name is changing and there is no change of ownership, you will need to amend your financial assurance instruments and supporting documents to address the change in name. If there has been a change of ownership (control), the transferee must submit new financial assurance in accordance with Chapter 4 to Volume 3 of NUREG-1757, "Consolidated NMSS Decommissioning Guidance."

Current NRC regulations and guidance are included on the NRC's website at www.nrc.gov; select **Nuclear Materials; Medical, Academic, and Industrial Uses of Nuclear Material**; then **Toolkit Index Page**. Or you may obtain these documents by contacting the Government Printing Office (GPO) toll-free at 1-888-293-6498. The GPO is open from 7:00 a.m. to 8:00 p.m. EST, Monday through Friday (except Federal holidays).

We will continue our review upon receipt of this information. Please reply to my attention at the Region I Office and refer to Mail Control No. 139168. If you have any technical questions regarding this deficiency letter, please call me at (610) 337-5102.

If we do not receive a reply from you within 30 calendar days from the date of this letter, we will assume that you do not wish to pursue your application.

Sincerely,

Original signed by Richard McKinley

Richard McKinley
Health Physicist
Medical Branch
Division of Nuclear Materials Safety

cc:
Joseph G. Blankenship, M.D., Radiation Safety Officer

DOCUMENT NAME: E:\Filenet\ML062250010.wpd

SUNSI Review Complete: RMcKinley

After declaring this document "An Official Agency Record" it will be released to the Public.

To receive a copy of this document, indicate in the box: "C" = Copy w/o attach/encl "E" = Copy w/ attach/encl "N" = No copy

OFFICE	DNMS/RI	<input checked="" type="checkbox"/> N	DNMS/RI	<input type="checkbox"/>	DNMS/RI	<input type="checkbox"/>		
NAME	RMcKinley/RWM							
DATE	8/10/2006							

OFFICIAL RECORD COPY