

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Lander Valley Medical Center, LLC **License No.:** 49-17813-01
Docket No.: 030-13375 **Mail Control No.:** 471467
Type of Action: Amend **Date of Requested Action:** 08-07-07
Reviewer Assigned: **ARM reviewer(s):** Torres

| Response | Deficiencies Noted During Acceptance Review |
|----------|--|
| | [] Open ended possession limits. Limit possession. Submit inventory. [] Submit copies of most recent leak test results. [] Add - delete IC license condition. Add IC paragraph in cover letter. [] Split license from cover letter. Add SUNSI marking to license. [] Ask the licensee if they have any type-amount of EPAct Material. |
| | |

Reviewer's Initials: _____ **Date:** _____

| | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Unrestricted release Group 2 or >: Transfer memo to FCDB within 10 days. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Decommissioning notification should be completed 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 | Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | TAR needed to complete action. |

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

SUNSI Screening according to RIS 2005-31

Yes No **Non-Publicly Available, Sensitive if any item below is checked**

General guidance:

- _____ RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
- _____ Exact location of RAM (whether = or > than Category 3 or not)
- _____ Design of structure and/or equipment (site specific)
- _____ Information on nearby facilities
- _____ Detailed design drawings and/or performance information
- _____ Emergency planning and/or fire protection systems

Specific guidance for medical, industrial and academic (above Category 3):

- _____ RAM quantities and inventory
- _____ Manufacturer's name and model number of sealed sources & devices
- _____ Site drawings with exact location of RAM, description of facility
- _____ RAM security program information (locks, alarms, etc.)
- _____ Emergency Plan specifics (routes to/from RAM, response to security events)
- _____ Vulnerability/security assessment/accident-safety analysis/risk assess
- _____ Mailing lists related to security response

AUG 28 2007

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

Pre-Licensing Screening

Applicant Information:

Control No. 471467

| | | |
|---|--|-----------------------|
| Name: Lander Valley Medical Center, LLC | Type of Request: Amend Program Code(s): | |
| Location: WY | License No.: 49-17813-01 | Docket No.: 030-13375 |

STEP 1—Radioactive Materials and Quantities Requested:

| | |
|---|-----------|
| Instructions for Step 1: Complete Step 1 for all applications. If all your responses in Step 1 are "No" then do not complete Step 2 (Screening Criteria). Sign and date the completed step-sheet and add it as the sensitive and non-publicly available OAR in ADAMS. If a "yes" response is indicated for any item in Step 1, also complete Step 2. If the type of use is subject to a Security Order or the requirements for increased controls, complete Step 3 (Item A or Item B) without delay. | Yes or No |
| A. The request is from a new applicant. | No |
| B. NUREG-1556, Volume 20, Section 4.9 indicates a licensing site visit is needed for the requested type of use, e.g., (1) Type A broad scope license, (2) panoramic irradiator containing > 10000 curies, (3) manufacturers or distributors using unsealed radioactive material or significant quantities of sealed material, (4) radioactive waste brokers, (5) radioactive waste incinerators, (6) commercial nuclear laundries, and (7) any other application that in the judgement of the reviewer and cognizant supervisor involves complex technical issues, complex safety questions, or unprecedented issues that warrant a site visit. | No |
| C. The applicant requested certain radionuclides and quantities that equal or exceed the Risk Significant Quantity (TBq) values in the table, below, that have been "highlighted" by the reviewer | No |

Table of Risk Significant Quantities

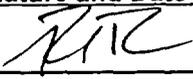
(Category 2 Quantities, IAEA Safety Guide No. RS-G-1.9, Categorization of Radioactive Sources, August 2005)

| Radionuclide | Risk Significant Quantity (TBq) ¹ | Risk Significant Quantity (Ci) ¹ | Radionuclide | Risk Significant Quantity (TBq) ¹ | Risk Significant Quantity (Ci) ¹ |
|--------------|--|---|---------------------|--|---|
| Am-241 | 0.6 | 16 | Pm-147 | 400 | 11,000 |
| Am-241/Be | 0.6 | 16 | Pu-238 | 0.6 | 16 |
| Cf-252 | 0.2 | 5.4 | Pu-239/Be | 0.6 | 16 |
| Cm-244 | 0.5 | 14 | Ra-226 ² | 0.4 | 11 |
| Co-60 | 0.3 | 8.1 | Se-75 | 2 | 54 |
| Cs-137 | 1 | 27 | Sr-90 (Y-90) | 10 | 270 |
| Gd-153 | 10 | 270 | Tm-170 | 200 | 5,400 |
| Ir-192 | 0.8 | 22 | Yb-169 | 3 | 81 |

¹ The primary values are TBq. The curie (Ci) values are for informational purposes only.
² The Atomic Energy Act, as amended by the Energy Policy Act of 2005, authorizes NRC to regulate Ra-226 and NRC is in the process of amending its regulations for discrete sources of Ra-226.

| | |
|--|---------------------------------|
| Calculations of the Total Activity or the Unity Rule are attached to document whether or not the screening criteria in Step 2 were also completed to evaluate the application. NOTE—If an amendment of an existing license is being requested, the calculations will include the previously authorized quantities for the radionuclide(s). | Yes, No, or Not Applicable (NA) |
| Total Activity—multiple activities are requested for a single radionuclide and the sum of the activities equals or exceeds the quantity of concern for the radionuclide | — |
| Unity Rule—multiple radionuclides are requested and the sum of the ratios equals or exceeds unity, e.g., [(total activity for radionuclide A) ÷ (risk significant quantity for radionuclide A)] + [(total activity for radionuclide B) ÷ (risk significant quantity for radionuclide B)] ≥ 1.0. | — |

Signature and Date for Step 1:


AUG 28 2007
 License Reviewer and Date

WALLER LANSDEN DORTCH & DAVIS, LLP

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Lesli A. Love
(615) 850-8916
lesli.love@wallerlaw.com

RECEIVED

AUG 08 2007

August 7, 2007

DNMS

VIA Overnight Courier

Ms. Colleen Murnahan, Licensing Assistant
U.S. Nuclear Regulatory Commission
611 Ryan Plaza Dr.
Suite 400
Arlington, TX 76011

Re: Lander Valley Medical Center, LLC; Nuclear Materials License 49-17813-01

Dear Ms. Murnahan:

Lander Valley Medical Center, LLC which holds Nuclear Materials License 49-17813-01, has changed its "doing business as" name to Lander Regional Hospital (the "Hospital"). The change will not result in any additional changes in the legal entity that owns the Hospital or the operation of the facility. Enclosed, please find the required form regarding this name change.

Please do not hesitate to contact me at (615) 850-8916 if you have any questions or if you require any additional information. Thank you for your time and attention.

Very truly yours,



Lesli A. Love

LAL/bb

Enclosure

cc: Jeremy D. Clark, Esq. (w/ enclosure)
Michelle B. Marsh, Esq. (w/o enclosure)

Change of Control and/or Change of Ownership
(includes Change of Name)

10 CFR 30.34(b) states that "no license issued or granted pursuant to the regulations...nor any right under a license shall be transferred, assigned or in any manner disposed of, either voluntarily or involuntarily, directly or indirectly, through transfer of control of any license to any person, unless the Commission shall...find that the transfer is in accordance with the provisions of the Act and shall give its consent in writing. Although not specifically addressed by 10 CFR 30.34, licensees undergoing a name change may also be affected by this regulation.

Control over licensed activities can be construed as the authority to decide when and how a license (licensed material and/or activities) will be used. A change of ownership may be an example of a change of control. The central issue is whether the authority over the license has changed. In all cases, determining whether a change of control has taken place or whether a change is in name only is the Commission's responsibility.

Licensees must notify the Commission when they are undergoing a possible change of control and/or a change of name. While this notification is not required within a certain time frame, NRC needs adequate time to review the submittal to ensure that the transfer is in accordance with the regulations.

In order to process your request for a change of control/ownership and/or a name change, the information on the following pages is required. Our fax number is (817) 860-8263 or (817) 860-8188. If you have any questions regarding our discussion or this fax, please contact me. When responding to this fax, please include the license, docket, and mail control numbers, located at the top of this page as well as the following pages. Thank you.

Information Required for Change of Control and/or Change of Ownership
(to include a name change)
Source: NUREG-1556, Volume 15

Please provide the following information concerning changes of control (transferor and/or transferee, as appropriate). If any items are not applicable, so state.

1. Provide a complete description of the transaction (i.e., transfer of stocks or assets, or merger). 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.

A. Description of the transaction:

Change of DBA name - legal name (Lander Valley Medical Center, LLC) will not change

B. No name change

New name of licensed organization: Lander Regional Hospital

C. No change in contact

New contact: _____

New telephone number: _____

2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel.

A. No changes in personnel having control over licensed activities.

Changes in personnel having control over licensed activities (e.g. officers of a corporation):

B. No changes in personnel named in the license.

Changes in personnel named in the license (e.g. RSO, AUs) - include training, experience and responsibilities:

3. Describe, in detail, any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.

Organization:

Equipment:

Location:

Procedures:

Facility:

Not applicable

4. Describe the status of the surveillance program (i.e., surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.

A. Description of the status of all surveillance program:

no change in present operation

B. Surveillance Items & Records: calibrations, leak tests, surveys, inventories, and accountability requirements will be current at the time of transfer

Yes No (explain)

5. 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.

Records transferred to:

New licensee NRC for license termination Not applicable

6. 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.

_____ will abide by all constraints, conditions,
(transferee company)
requirements and commitments of _____
(transferor company)

Signature/Title
Transferee Official

Signature/Title
Transferor Official

date

date

OR

Description of proposed licensed program from transferee attached (with signature)

OR

Not applicable (name change only)



Certifying Officer - Signature

7/26/07

Date

Michael A. Wiechart, President

Certifying Officer - Typed name and title

12-1-07

This is to acknowledge the receipt of your letter/application dated 8-01-07, and to inform you that the initial processing, which includes an administrative review, has been performed.

DATE

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** 471467.
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

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02121
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20110831
: Fee Comments: CODE 33
: Decom Fin Assur Req: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: LANDER VALLEY MEDICAL CENTER, LLC
Received Date: 20070808
Docket No: 3013375
Control No.: 471467
License No.: 49-17813-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

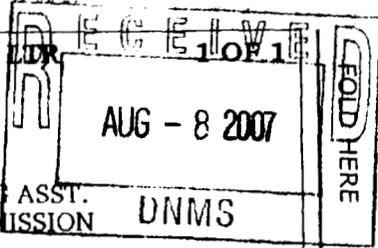
Signed Colleen Murashan
Date 8-23-07

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 _____

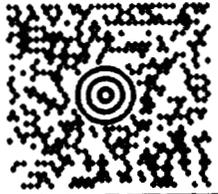
Signed _____
Date _____

BARBARA BLACK
615-850-8780
WALLER LANSDEN DORTCH & DAVIS, LLP
511 UNION STREET, SUITE 2700
NASHVILLE TN 37219



SHIP TO:

COLLEEN MURNAHAM, LICENSING ASST.
US NUCLEAR REGULATORY COMMISSION DNMS
SUITE 400
611 RYAN PLAZA DRIVE
ARLINGTON TX 76011-4005



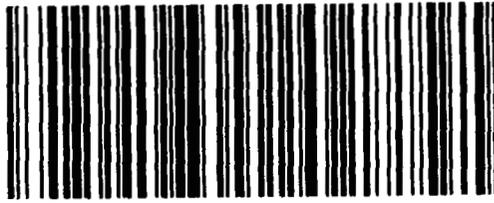
TX 760 0-10



UPS NEXT DAY AIR

TRACKING #: 1Z 3X7 355 01 9630 1011

1



BILLING: P/P

Client-Matter: 8780-006561.63286



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