

JK

Avera

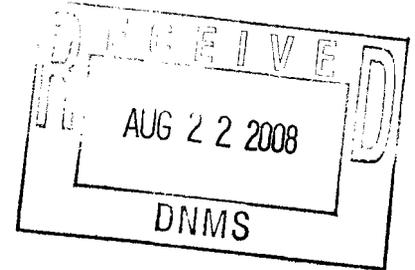
McKenna

800 East 21st Street
P.O. Box 5045
Sioux Falls, SD 57117-5045
(605) 322-8000

www.averamckennan.org

August 20, 2008

U.S. Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-4005



To Whom It May Concern:

Enclosed please find two copies of the Application for Material License, if you have any questions regarding the application, please feel free to call me at (605) 322-7170. Thank you for your time and help with this matter.

Sincerely,

Mark Sperlich
Nuclear Medicine Manager
Avera McKenna Hospital
800 East 21st Street
Sioux Falls, SD 57117

Enclosed (2)

Jan

NRC FORM 313
(10-2005)
10 CFR 30, 32, 33,
34, 35, 36, 39 and 40

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB NO 3150-0120

EXPIRES 10/31/2008

Estimated burden per response to comply with this mandatory collection request: 4.4 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

APPLICATION FOR MATERIAL LICENSE

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY
OFFICE OF NUCLEAR MATERIAL SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM
DIVISION OF NUCLEAR MATERIALS SAFETY
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PA 19406-1415

IF YOU ARE LOCATED IN:

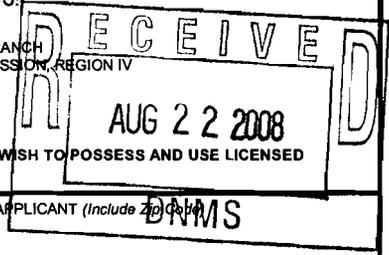
ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, IL 60532-4352

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON OR WYOMING, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
811 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TX 76011-4005

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.



1. THIS IS AN APPLICATION FOR (Check appropriate item)

- A. NEW LICENSE
- B. AMENDMENT TO LICENSE NUMBER 40-16571-01
- C. RENEWAL OF LICENSE NUMBER _____

2. NAME AND MAILING ADDRESS OF APPLICANT (Include Zip Code)

Avera McKennan Hospital
800 East 21st
Sioux Falls, SD 57117

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

Avera McKennan Hospital
800 East 21st
Sioux Falls, SD 57117

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Linda Ramirez,
Associates in Medical Physics, LLC

TELEPHONE NUMBER
(216)663-7000

SUBMIT ITEMS 5 THROUGH 11 ON 8 1/2 x 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL.
a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time. See attached

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.
See Attached

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT.

12. LICENSE FEES (See 10 CFR 170 and Section 170.31)
FEE CATEGORY | AMOUNT ENCLOSED \$

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40 AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948, 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICIAL - TYPED/PRINTED NAME AND TITLE

Fred Stunicka, Regional President

SIGNATURE

Fred Stunicka

DATE

8/19/08

FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED \$	CHECK NUMBER	COMMENTS
APPROVED BY				DATE	No 471923

THE PURPOSE OF THIS AMENDMENT APPLICATION IS TO:

Add depleted uranium to NRC license # 40-16571-01 as follows:

RADIONUCLIDE	FORM	MAXIMUM QUANTITY	PURPOSE OF USE
Depleted Uranium-235	Metal	200 Kilograms	Generator shielding

Avera McKennan is currently authorized for and receives three 7.5 Ci generators per week. These generators utilize lead shielding. We wish to begin receiving one 16 Ci generator per week. These generators utilize depleted uranium shielding.

There will be no change in the current areas of storage and use.

To ensure no interruption in the provision of medical services, we respectfully request that this amendment be expedited.

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Avera McKennan Hospital **License No.:** 40-16571-01
Docket No.: 030-11252 **Mail Control No.:** 471923
Type of Action: Amend **Date of Requested Action:** 08-20-08
Reviewer Assigned: **ARM reviewer(s):** Torres

Response	Deficiencies Noted During Acceptance Review
	[] Open ended possession limits. Submit inventory. Limit possession. [] Submit copies of latest leak test results. [] Add IC L.C./Fingerprint LC, add SUNSI markings to license. [] Confirm with licensee if they have NARM material.

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

<input type="checkbox"/> Yes <input type="checkbox"/> No	Request for unrestricted release Group 2 or >. Consult with Bravo Branch.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Termination request < 90 days from date of expiration
<input checked="" 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) <i>trying to receive 3 generators / wk</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	TAR needed to complete action.

Branch Chief's and/or HP's Initials: *JAC* **Date:** SEP - 5 2008

SUNSI Screening according to RIS 2005-31	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sensitive and Non-Publicly Available if <u>any</u> item below is checked
General guidance:	
_____	RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
_____	Exact location of RAM [suite #, bldg. #, location different from mailing address] (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

Branch Chief's and/or HP's Initials: *JAC* **Date:** SEP - 5 2008

SEP 12 2008

DATE

This is to acknowledge the receipt of your letter/application dated 8-19-08, 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** 471923.
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

Avera 

**McKenna
Hospital**

800 East 21st Street
P.O. Box 5045
Sioux Falls, SD 57117-5045

TO: *215 Nuclear Regulatory Commission
Region IV
611 Ryan Drive, Suite 400
Arlington, TX 76011-4005*



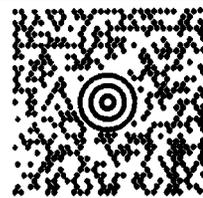
SHIPPING DEPARTMENT
(605) 322-8700
AVERA MCKENNA HOSPITAL
800 E 21ST STREET
SIOUX FALLS SD 57105-1096

LTR

1 OF 1

SHIP TO:

US NUCLEAR REGULATORY COMMISSION
REGION IV
611 RYAN PLAZA DR
ARLINGTON TX 76011



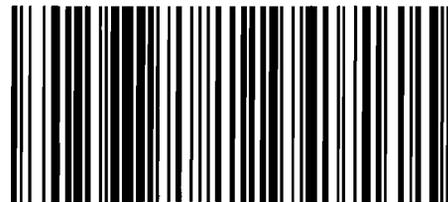
TX 760 0-10



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BILLING: P/P

NS 18.0.49 Eltron LP2044 01.0A 07/2008



International Shipping Notice - Cargo hereunder may be subject to the rules relating to liability and other terms and conditions established by the Convention for the Unification of Certain Rules Relating to International Carriage by Air (the "Warsaw Convention") and/or the Convention on the Contract for the International Carriage of Goods by Road (the "CMR Convention"). These conventions, including any amendments, apply to the extent of their force and effect. If you are a shipper of goods, please refer to the International Shipping Agreement for more information. For shipping prices, call 1-800-752-7862.



Avera 
**McKenna
Hospital**

800 East
P.O. Box
Sioux Falls

TO: *US Nuclear Regula
Region IV
611 Ryan Drive, S
Arlington, TX 76011-4*

