UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
612 EAST LAMAR BLVD., SUITE 400
ARLINGTON, TEXAS 76011-4125

FACSIMILE

Name:	Lowell Husman	
Organization:	Rapid City Regional Hospital, Inc.	License No. 40-00238-04 Docket No. 030-03231 Control No. 471922
Fax:	605-719-1436	
Phone:	605-719-8427	
From:	Jacqueline D. Cook	
Date:	September 19, 2008	
Subject:	Letter dated September 4, 2008 for License Amendment	
Pages:	2	

Lowell:

Per your letter dated September 4, 2008, the items on the next page are deficiencies which require your response. **Please respond to this fax by Monday, October 6, 2008.** If you are unable to respond by this due date, please don't hesitate to contact me so we can discuss an extension to the date. Our fax number is (817) 860-8263. You may respond by email if you'd like in pdf format. My email address is Jackie.Cook@nrc.gov. If you have any questions regarding this fax, please call me at (817) 860-8132. When responding to this fax, please include the license, docket, and control numbers located at the top of this page.

Thanking you in advance for your cooperation, assistance, and prompt response in this matter.

/RA/
Jacqueline D. Cook
Senior Health Physicist

1. You must prepare and submit to NRC a Final Status Survey (FSS) report for Rooms 601 and 618 when you vacate it. This survey report should include all areas within this facility where licensed materials were used and stored. The final status survey is one of the most important aspects of decommissioning a site since it is the primary document supporting the decision to release a facility or area within a facility for unrestricted use. Your survey should be performed in accordance with 10 CFR Part 30.36.

   You should identify your wipe test results in terms of disintegrations per minute rather than counts per minute. Key the results to specific points on a facility diagram. Indicate the detection equipment that was used to assay the wipes, the method used to calibrate this equipment, the date of calibration, and specific calculations of instrument sensitivity. Optionally, you can choose to send your wipes to a vendor for analysis. Should you choose this option, you should provide the name and Agreement State or NRC license number of the vendor.

2. Please provide a facility diagram of Rooms 901 and 916 which should include the following:

   A. Drawings should be to scale, and the scale used should be indicated;

   B. Location, room numbers, and principal use of each adjacent room (e.g., office, file, toilet, closet, hallway), including areas above, beside, and below the therapy treatment rooms, indicating whether the room is a restricted or unrestricted area as defined in 10 CFR 20.1003.

3. Please provide the manufacturer and model number of the iridium-192 seeds you're proposing to possess and use.