

rogaliner :: law offices
a professional corporation

6060 North Central Expwy Suite 560 Dallas, TX 75206 214.800.3497 fax: 214.800.3496 rogalinerlaw.com

Writer's Direct Dial:
214.550.3446

October 10, 2008

RECEIVED

U.S. Nuclear Regulatory Commission
Region IV
612 East Lamar Blvd, Suite 400
Arlington, TX 76011-4125

OCT 17 2008

DNMS

Re: Change of Ownership for Portneuf Medical Center - # 11-27384-01

030-32325

To Whom It May Concern:

Please accept this letter as notice that Portneuf Medical Center will undergo a change of ownership. We anticipate change of ownership will occur on January 1, 2009. Please forward necessary documentation for this event to me at 6060 North Central Expressway, Suite 560, Dallas, Texas 75206. Contact me directly with questions.

Sincerely,



Terri Sabella

ACCEPTANCE REVIEW MEMO (ARM)

| | | |
|---------------------------|-------------------------|---|
| Licensee: | Portneuf Medical Center | License No.: 11-27384-01 |
| Docket No.: | 030-32325 | Mail Control No.: 472032 |
| Type of Action: | Amend | Date of Requested Action: 10/10/2008 |
| Reviewer Assigned: | Jackie Cook | ARM reviewer(s): J. Cook |

| Response | Deficiencies Noted During Acceptance Review |
|--------------------------|--|
| | <input type="checkbox"/> Open ended possession limits. Submit inventory. Limit possession. <input type="checkbox"/> Confirm with licensee if they have NARM material. |
| <i>rea. in Jan 15/09</i> | Ask licensee to submit documentation that the attorney's office is able to make decisions on their behalf. If so, send Appendix F to attorney's office as requested. |

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 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 HP's Initials: _____ **Date:** _____

| | | |
|---|--|---|
| 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: _____ | | Date: <u>DEC 12 2008</u> |

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:
License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02120
Status Code: 0
Fee Category: 7C EX 2B
Exp. Date: 20120331
Fee Comments:
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: PORTNEUF MEDICAL CENTER
Received Date: 20081017
Docket No: 3032325
Control No.: 472032
License No.: 11-27384-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed _____
Date 03-09-08

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 _____

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10 OCT 2008 PM

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