



UNITED STATES  
NUCLEAR REGULATORY COMMISSION

REGION IV  
612 EAST LAMAR BLVD., SUITE 400  
ARLINGTON, TEXAS 76011-4125

FACSIMILE



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|----------------------|--------------------------------------------------------|-------------------------|
| <b>Name:</b>         | Kay Schoppers                                          | License No. 40-26865-01 |
| <b>Organization:</b> | Sanford Clinic                                         | Docket No. 030-29708    |
| <b>Fax:</b>          | 605-328-8972                                           | Control No.: 472062     |
| <b>Phone:</b>        | 605-328-8974                                           |                         |
| <b>From:</b>         | Jacqueline D. Cook                                     |                         |
| <b>Date:</b>         | June 1, 2009                                           |                         |
| <b>Subject:</b>      | Application dated December 1, 2008 for License Renewal |                         |
| <b>Pages:</b>        | 2                                                      |                         |

Kay:

Per your application dated December 1, 2008, the items on the next page are deficiencies which require your response. **Please respond to this fax as soon as practical but no later than Tuesday, June 2, 2009.** 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. 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. The legal entity of the licensee according to Item 1 of your license is Sanford Clinic; however, in Items 2 and 3 of the application, it lists Sanford Clinic Nuclear Medicine.  
  
Please clarify if there has been a name change for your facility.
2. Please specify a maximum possession limit for any byproduct material permitted by 10 CFR 31.11.
3. Please confirm if License Condition 13 should remain on your license. Do you still received licensed material from McKennan Hospital and Sanford USD Medical Center?