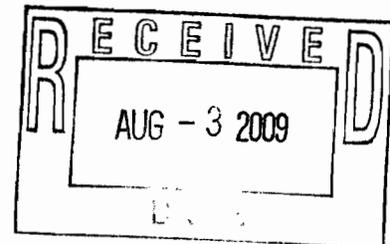


April 21, 2009

U.S. NRC Region IV
Texas Health Resources Tower
Licensing Section
612 E. Lamar Blvd.,
Suite 400
Arlington, TX 76011-4125



Ref: License # 40-01683-01

Gentlemen:

Please amend our license to add to add David Peterson, M.D. as an authorized user to perform procedures authorized under 10 CFR part 35.100 and Part 35.200. He is currently authorized on Memorial Hospital of Sweetwater County, Wyoming NRC license # 49-17940-01. Please contact our Radiation Safety Officer S. Guru Prasad, Ph.D. If you require additional information regarding our request.

We look forward to receiving our amended license in the near future.

Sincerely,



Dr. Barry Graham
VP Medical Affairs

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Avera Sacred Heart Hospital **License No.:** 40-01683-01
Docket No.: 030-03235 **Mail Control No.:** 472360
Type of Action: Notify **Date of Requested Action:** 4/21/09
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 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

Yes No **Sensitive and Non-Publicly Available** 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 [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: *[Signature]* **Date:** AUG - 5

8-13-09

DATE

This is to acknowledge the receipt of your letter/application dated 4-21-09, and to inform you that the initial processing, which includes an administrative review, has been performed.

* *restart clock at 8-03-09.*

There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify other 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 — 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 472360.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Murnahan
Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20150531
: Fee Comments: CODE 21
: Decom Fin Assur Reqd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: AVERA SACRED HEART HOSPITAL
Received Date: 20090803
Docket No: 3003235
Control No.: 472360
License No.: 40-01683-01
Action Type: Notifications

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed Colleen Murahan
Date 8-05-09

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:

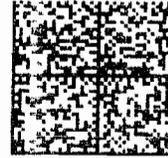
Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____



501 Summit
Yankton, SD 57078-3899



UNITED STATES POSTAGE
\$ 00.42⁰
02 1A
0004628683
MAILED FROM ZIP CODE 57078

U.S. NRC Region IV
Texas Health Resources Tower
Licensing Section
612 E. Lamar Blvd.,
Suite 400
Arlington, TX 76011-4125

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