



Operations office: 109 S. Petro Avenue  
Sioux Falls, SD 57107  
Phone: 605-330-9060  
800-333-0365  
Fax: 877-595-8108

Corporate office: 2101 N. University Drive  
Fargo, ND 58102  
Phone: 701-237-9073  
800-437-4628  
Fax: 800-848-0990

www.dmsgh.com

January 11, 2010

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

RECEIVED  
JAN 11 2010  
DNMS

Dear Sir or Madam:

Re: NRC Radioactive Material License #40-32477-01

DMS Health Technologies request a change to our NRC license to decommission one location of use. Included is data in support of the request. The location that we request to be removed from License #40-32477-01 is under 10.A.(iii) West Highway 16, Oacoma, South Dakota. There have been no radioactive spills reported at this site.

If you have any questions or need additional information regarding this request, please contact me at (605) 366-1293.

Sincerely:

Michelle White, CNMT  
Radiation Safety Officer  
DMS Health Technologies

**Decommissioning  
Oacoma, South Dakota Parking**

**Performed by Michelle White, RSO**

Signed Michelle White

Date 1-7-2010

**Reviewed by Corporate RSO Mary Hennings-Frank**

Signed Mary Hennings-Frank

Date 1-7-2010

**Decommissioning Area Survey  
Oacoma, South Dakota Parking Garage  
West Highway 16  
Oacoma, South Dakota**

**January 5, 2010  
Performed by Michelle White, RSO**

**Survey Equipment**

Well Model –Ludlum 2200, SN 189071, Efficiency-23.5%

Survey Meter-Ludlum 14C, SN 226169, Cal Date 10-5-09, Constancy 1.0, Battery check-OK

Survey Probe-Model 44-9, SN 237590

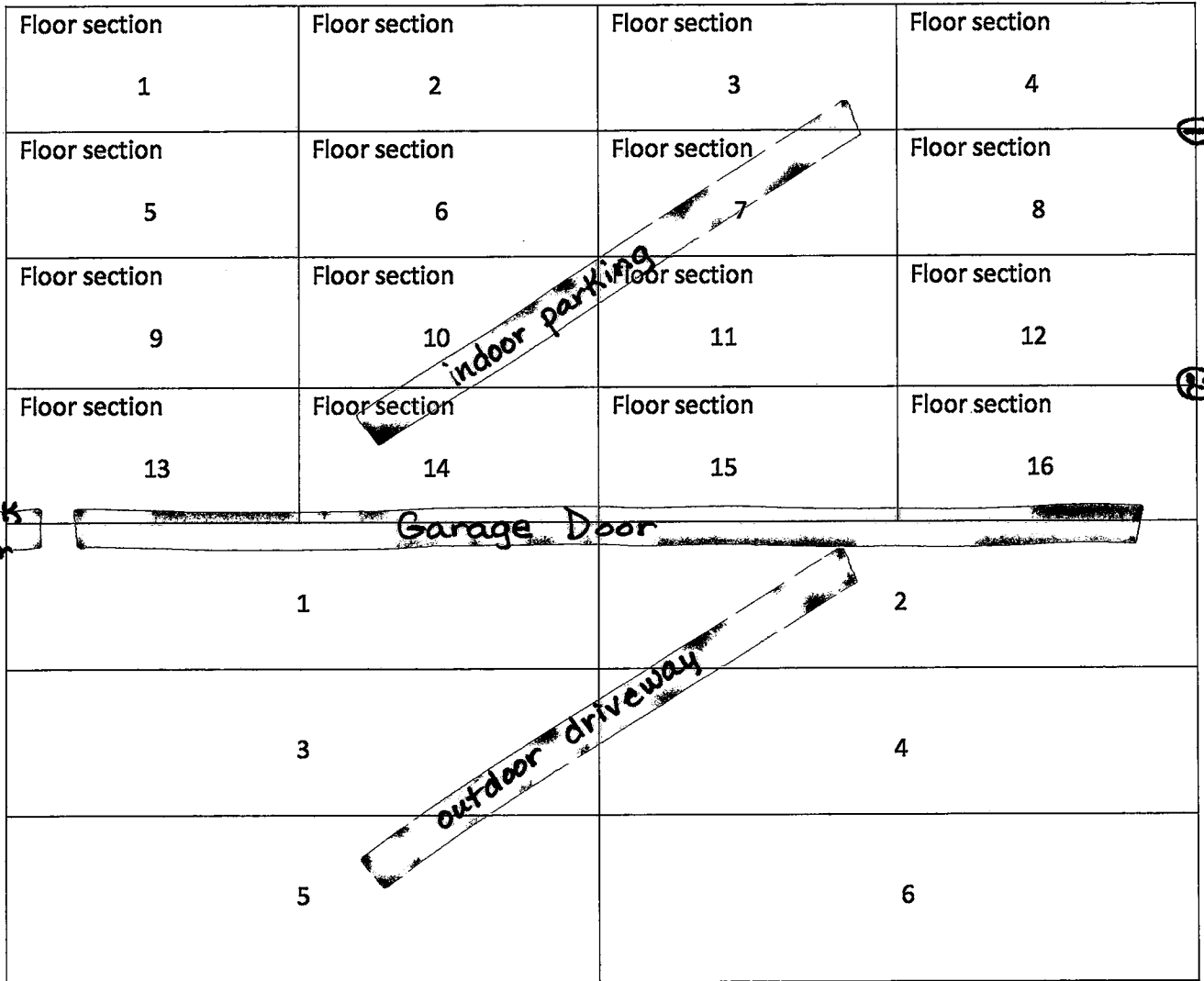
**Areas Surveyed and Survey Results:**

<b>Area Surveyed</b>	<b>Background in dpm</b>	<b>Net Wipe in dpm</b>	<b>Background</b>	<b>Survey</b>
Floor Section 1	2000	Less than Background	0.02 mR/hr	0.02 mR/hr
Floor Section 2	2000	Less than Background	0.02 mR/hr	0.02 mR/hr
Floor Section 3	2000	77	0.02 mR/hr	0.02 mR/hr
Floor Section 4	2000	Less than Background	0.02 mR/hr	0.02 mR/hr
Floor Section 5	2000	90	0.02 mR/hr	0.02 mR/hr
Floor Section 6	2000	60	0.02 mR/hr	0.02 mR/hr
Floor Section 7	2000	Less than Background	0.02 mR/hr	0.02 mR/hr
Floor Section 8	2000	26	0.02 mR/hr	0.02 mR/hr
Floor Section 9	2000	159	0.02 mR/hr	0.02 mR/hr
Floor Section 10	2000	Less than Background	0.02 mR/hr	0.03 mR/hr
Floor Section 11	2008	129	0.02 mR/hr	0.02 mR/hr
Floor Section 12	2008	Less than Background	0.02 mR/hr	0.02 mR/hr

Floor Section 13	2008	219	0.02 mR/hr	0.02 mR/hr
Floor Section 14	2008	13	0.02 mR/hr	0.02 mR/hr
Floor Section 15	2008	Less than Background	0.02 mR/hr	0.02 mR/hr
Floor Section 16	2008	Less than Background	0.02 mR/hr	0.02 mR/hr
Garage Door Inside	2008	Less than Background	0.02 mR/hr	0.03 mR/hr
Walk in Door Inside	2008	Less than Background	0.02 mR/hr	0.02 mR/hr
South Wall 1	2008	142	0.02 mR/hr	0.02 mR/hr
South Wall 2	2008	Less than Background	0.02 mR/hr	0.02 mR/hr
Garage Door Outside	2008	189	0.02 mR/hr	0.02 mR/hr
South Wall Outside 1	2008	Less than Background	0.02 mR/hr	0.04 mR/hr
South Wall Outside 2	2008	Less than Background	0.02 mR/hr	0.02 mR/hr
Walk In Door Outside	2008	Less than Background	0.02 mR/hr	0.02 mR/hr
Driveway Section 1	2008	Less than Background	0.02 mR/hr	0.02 mR/hr
Driveway Section 2	2008	Less than Background	0.02 mR/hr	0.03 mR/hr
Driveway Section 3	2008	Less than Background	0.02 mR/hr	0.02 mR/hr
Driveway Section 4	2008	22	0.02 mR/hr	0.02 mR/hr
Driveway Section 5	2008	95	0.02 mR/hr	0.02 mR/hr
Driveway Section 6	2008	Less than Background	0.02 mR/hr	0.02 mR/hr

Oacoma, South Dakota Parking Area

East



West

2-18-2010  
DATE

This is to acknowledge the receipt of your letter/application dated 1-11-2010, 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:

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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** 472569.  
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

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

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----  
: Program Code: 02220  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20111231  
: Fee Comments:  
: Decom Fin Assur Reqd: N  
: .....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: DMS HEALTH TECHNOLOGIES  
Received Date: 20100127  
Docket No: 3036404  
Control No.: 472569  
License No.: 40-32477-01  
Action Type: Amendment

2. FEE ATTACHED  
Amount: \_\_\_\_\_  
Check No.:       /      

3. COMMENTS

Signed Colleen Murnahan  
Date 2-10-2010

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 \_\_\_\_\_

From: Origin ID: FSDA (805) 330-8080  
Michelle White  
DMS IMAGING  
109 SOUTH PETRO AVENUE  
SIOUX FALLS, SD 57107



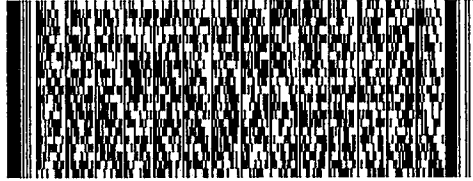
Ship Date: 11JAN10  
ActWgt: 0.2 LB  
CAD: 5867540/INET9090  
Account#: S \*\*\*\*\*

Delivery Address Bar Code



SHIP TO: (805) 366-1293 **BILL SENDER**  
**Region IV**  
**U.S. Nuclear Regulatory Commission**  
611 Ryan Plaza Drive, Suite 400  
  
ARLINGTON, TX 76011

Ref #  
Invoice #  
PO #  
Dept #

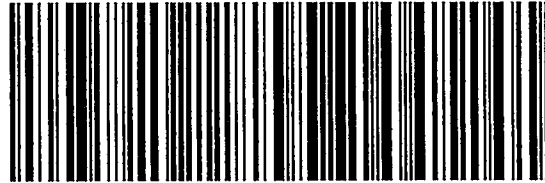


TRK# 7982 8959 9692  
0201

TUE - 12JAN A1  
STANDARD OVERNIGHT

**XH FWHA**

76011  
TX-US  
DFW



**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.