

Torres, RobertoJ

From: Christina Casazza [Christina.Casazza@avera.org]
Sent: Thursday, March 11, 2010 10:47 AM
To: Torres, RobertoJ
Cc: Mark Sperlich
Subject: License 40-16571-01
Attachments: Add an Authorized User.pdf; ATT00001.txt

Mr. Torres:

Please see the attached letter requesting to add Dr. Grant to our license #40-16571-01 as an Authorized User. If you need anymore documentation, please don't hesitate to let me know.

Thank you very much for your time and help.

Christina M. Casazza
Nuclear Medicine Support Specialist
Avera McKennan Hospital
800 East 21st Street
Sioux Falls, SD 57117
(605) 322-7173

Please note that as of January 1, 2010 my email has changed to christina.casazza@avera.org

RECEIVED

MAR 11 2010

DNMS

10 CFR 35.14 Notification

March 10, 2010

Via email: robertoj.torres@nrc.gov

U.S. Nuclear Regulatory Commission, Region IV
Division of Nuclear Materials Safety
Nuclear Materials Safety Branch B
Attn: Roberto J. Torres
612 East Lamar Blvd., Suite #400
Arlington, TX 76011-4125

40-16571-01
030-11252

Dear Mr. Torres:

We hereby file a notification for our NRC Materials License #40-16571-01 to add Michael E. Grant, M.D. as an Authorized User. Dr. Grant was recently listed as an Authorized User for 10CFR35.400 uses and 10CFR35.600 uses of Iridium-192 in the Nucletron MicroSelectron-HDR unit (model 105.999) on NRC License #40-12378-01.

We request the following addition to our NRC license:

<i>Individual</i>	<i>Authorization</i>	<i>Authorized Uses</i>	<i>Basis</i>
Michael E. Grant, M.D.	Authorized User	35.400 uses and 35.600 only iridium-192 for use in a High Dose Rate Afterloader Unit	Authorized as an AU for 10CFR35.400 and 35.600(HDR) on NRC License #40-12378-01.

Thank you for your kind and prompt attention to this matter. We request telephone, email or fax confirmation that Dr. Grant will be added as an Authorized User. Do not hesitate to contact me if there are any questions at 605-322-7170.

Sincerely,



David Swanson, M.D.
Radiation Safety Officer

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4-02-2010

DATE

This is to acknowledge the receipt of your letter/application dated 3-11-2010, 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 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** 472623.
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

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02230
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20131130
: Fee Comments: CODE 21
: Decom Fin Assur Req: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: AVERA MCKENNAN HOSPITAL
Received Date: 20100311
Docket No: 3011252
Control No.: 472623
License No.: 40-16571-01
Action Type: Notifications

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed *Colleen Munnahan*
Date 3-25-2010

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 _____