Sanford Clinic

Sanford Clinic
Nuclear Medicine
1205 S. Grange Ave., Ste 401
Sioux Falls, SD 57105
Phone: (605) 328-8974
Fax: (605) 328-8972

March 5, 2010 Via FAX: 817-860-8263

U.S. Nuclear Regulatory Commission
Region IV
Attn: Michelle Simmons, Health Physicist
612 E. Lamar Blvd., Suite #400
Arlington, TX 76011-4125

RE: License #40-26865-01 (Docket #030-29708)

Dear Ms. Simmons:

We are writing to amend our license to change our mailing and license address. The city of Sioux Falls has changed our building's address to 1205 South Grange Ave. Ste. 401, Sioux Falls, SD 57105. We are NOT changing our physical location. The city has changed the address of our existing building. There is no change to the facility map, policies, or practices as a result of this change in address.

If there are any questions, please contact myself or Kay Schoppers, CNMT, at 605-328-8974.

Sincerely,

Darin Berg

Darin Berg,
Director of Clinic Operations,
Management Representative to the Radiation Safety Committee

CC: Fred C. Lovrien, MD
Radiation Safety Officer

Sanford Clinic

Sanford Clinic Nuclear Medicine

Phone: (605) 328-8970 • Fax (605) 328-8981 • 1201 S. Euclid Avenue Suite 401 • Sioux Falls, South Dakota 57105

8472

FAX COVER LETTER

Number of pages: 2 (including this cover letter).

To: Michelle Simmons Date: 3-5-10

Company: NRC

Telephone Number: Fax Number: 817-860-8263

From: Kay Schoppers

Comments: License amendment request

Faxed by: Time Sent:

If you do not receive all the pages, please call the number above and ask for the sender. Thank You.

The information contained in this is confidential and intended only for the designated recipient. If you have received this in error, you are hereby notified that review, dissemination, distribution or copying of this information is forbidden. If you have received this in error, please notify the sender immediately by telephone and return the original fax by mail to the above address. Thank you.

4-06-2010
DATE

This is to acknowledge the receipt of your letter/application dated 3-05-2010, 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 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** 472617.
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

NRC FORM 532 (RIV)
(10-2008)

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: 20190630
Fee Comments: _____
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: SANFORD CLINIC
   Received Date: 20100305
   Docket No: 3029708
   Control No.: 472617
   License No.: 40-26865-01
   Action Type: Amendment

2. FEE ATTACHED
   Amount: ____
   Check No.: ____

3. COMMENTS

Signed Colleen Murnahan
Date 3-24-2010

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 _____