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Brookings

HEALTH SYSTEM

MAR 10 2010

DNMS

Brookings Health System
300 22nd Ave.
Brookings, SD 57006

February 26, 2010

U. S. Nuclear Regulatory Commission
Nuclear Materials Licensing Station
Region IV
Arlington, Texas 76001-8064

Gentlemen/Madam,

I am writing this letter in regards to License Number 40-19823-01, Docket #030-19289 for Brookings Health System.

The following changes need to be made:

1. Under conditions number 12, -Authorized Users: Please add Charles Flohr, M.D. for Materials identified in 10 DFR 35.100, 35.200, 31.11. } NRC License 40-16571-01 lists Dr. Flohr as 35.100, 35.200, 35.300 user.
2. Under conditions number 12, -Authorized Users: Please add Christopher Gregory, M.D. for Materials identified in 10 CFR 35.100, 35.200, 31.11. } Named 35.100, 35.200, 35.300
3. Under conditions number 12, -Authorized Users: please delete Arif Azam, M.D. All on 40-16571-01.
4. Under conditions number 12, -Authorized Users: please delete Steven P. Olson, M.D.

RBC
3-26-2010

Sincerely,

Roger B. Oberg
President & CEO

4-08-2010
DATE

This is to acknowledge the receipt of your letter/application dated 2-26-10, 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** 472624.
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: 20130831
: Fee Comments: CODE 14
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: BROOKINGS HOSP. & BROOKVIEW MANOR
Received Date: 20100310
Docket No: 3019289
Control No.: 472624
License No.: 40-19823-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: /

3. COMMENTS

Signed Colleen Muehlen
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 _____

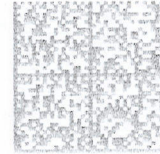
3. OTHER _____

Signed _____
Date _____



Brookings
HEALTH SYSTEM

300 Twenty Second Avenue
Brookings, SD 57006



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